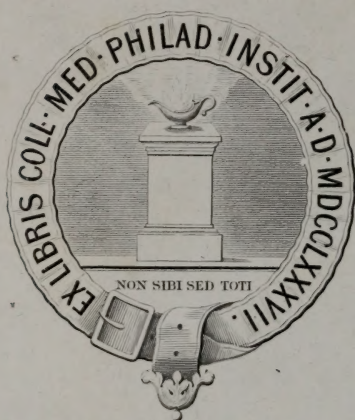




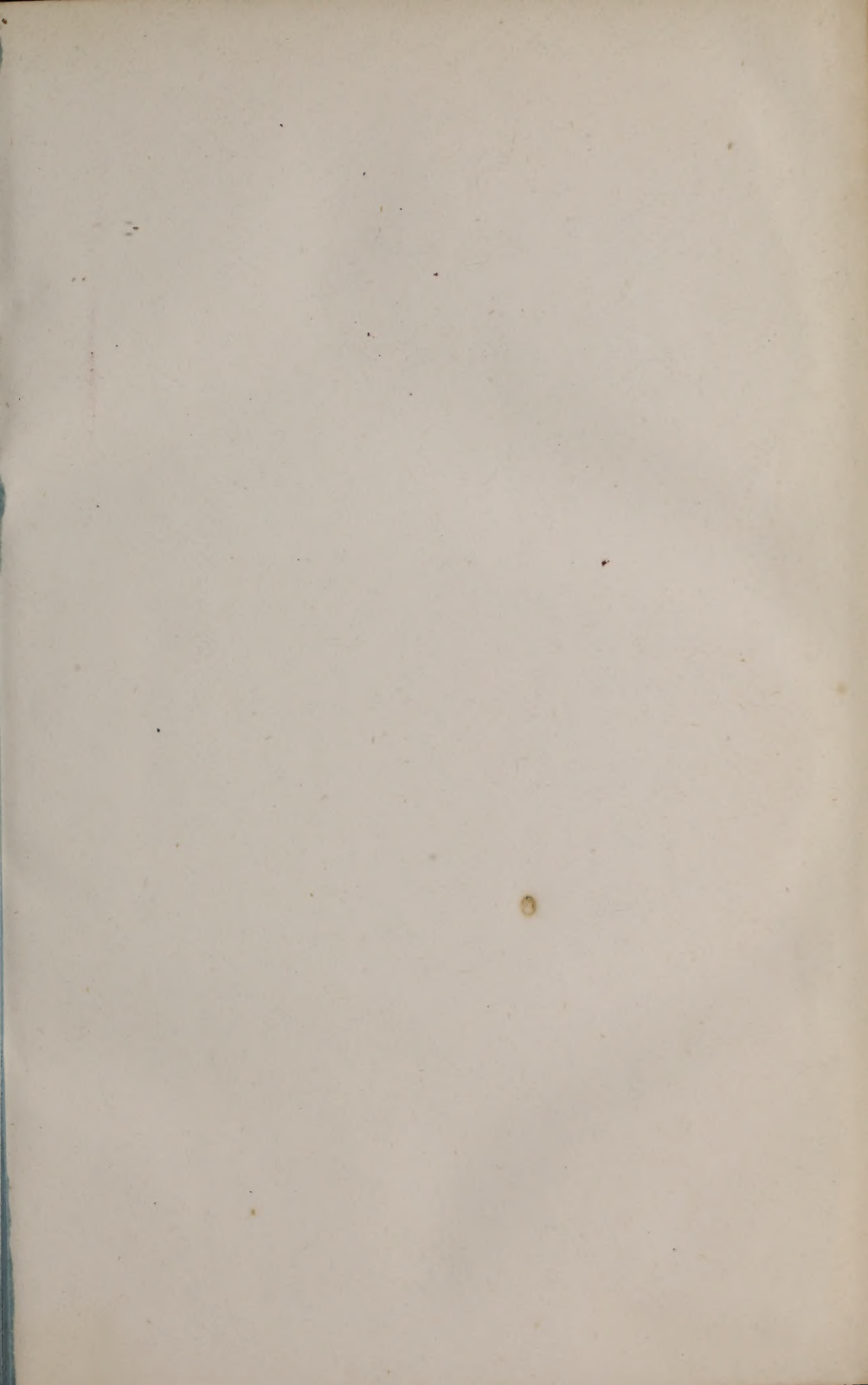
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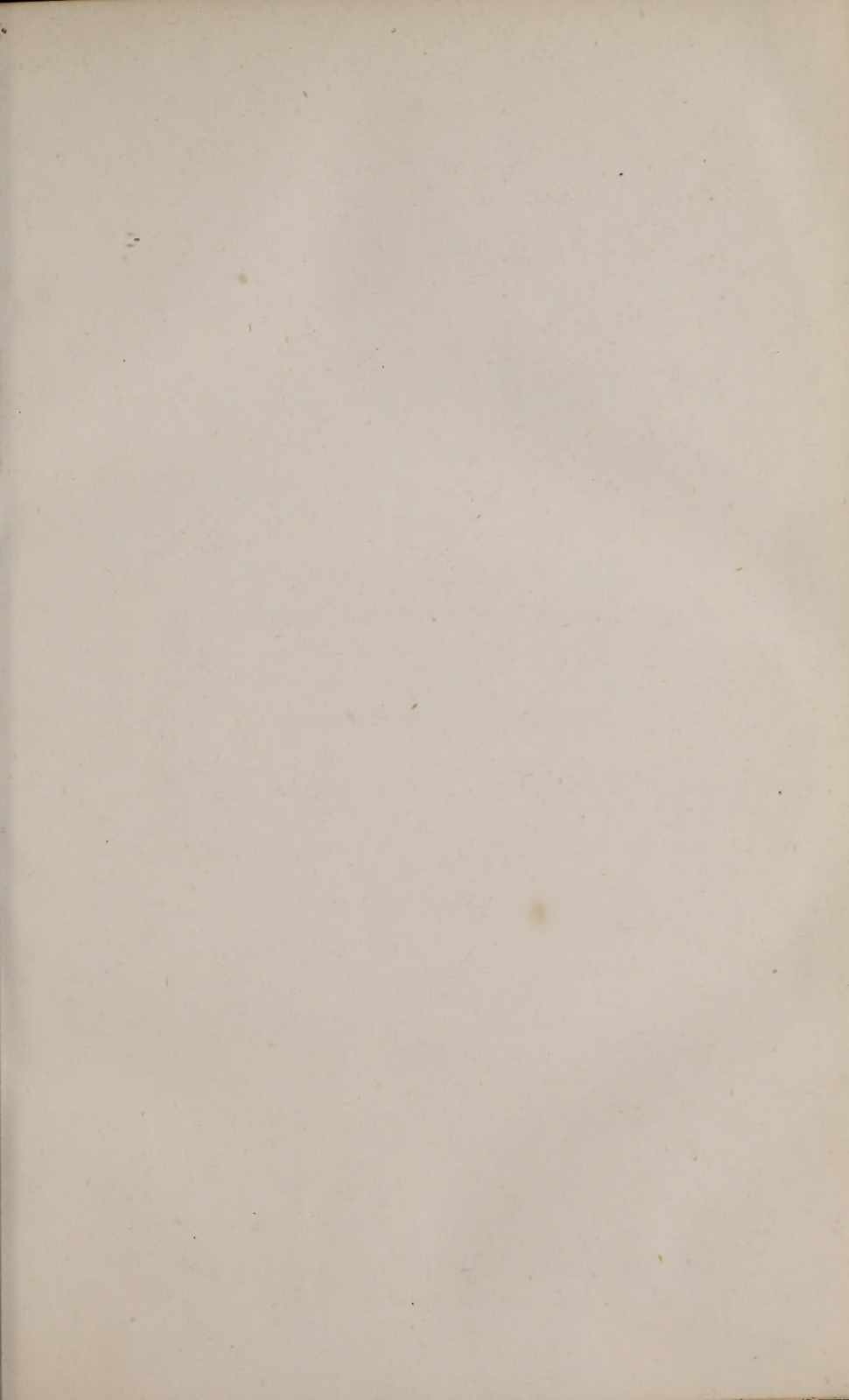


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THE

PHILADELPHIA

JOURNAL OF HOMOEOPATHY.

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VOLUME II

1882

PHILADELPHIA

PUBLISHED BY KAMMERER & BIRCH.

NO. 100 N. 3RD ST.

THE
PHILADELPHIA
JOURNAL OF HOMŒOPATHY.

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VOLUME II.

1853-54.

PHILADELPHIA:
PUBLISHED BY RADEMACHER & SHEEK.

239 ARCH STREET.

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PHILADELPHIA

JOURNAL OF HOMŒOPATHY.

VOL. II. — APRIL, 1853. — No. 1.

ORIGINAL COMMUNICATIONS.

DISEASES PECULIAR TO FEMALES.

BY J. G. LOOMIS, M.D.

(Continued from vol. i. page 448.)

MENORRHAGIA, OR PROFUSE MENSTRUATION.

MENORRHAGIA from this cause (that is, from *cancerous affections* of the uterus), according to the most reliable statistics, occurs most frequently in persons from thirty to fifty-five years of age. And although no temperament is exempted, yet I am satisfied women of high color and sanguineous constitution are more commonly its subjects. It is also true that this is a more frequent cause of profuse menstruation in the married, than in single women, or even than widows. It is, however, met with in all classes. There are many cases on record of its having occurred in virgins, also in women advanced in life, where the natural use of the organs had almost ceased, and where a profuse menstrual discharge is kept up wholly by the irritation and inflammation attendant upon the development of this peculiar diathesis. I lately saw a case of menorrhagia where, probably, the menstrual function would have been permanently suspended months before, judging from the family peculiarity in that respect, had it not been for the development of the cause in question. It should be stated, however, that there was an hereditary predisposition to the disease in this case,—cancer having appeared in the mamma of one of the members of the family.

But to extend remark to show in what the predisposition to carcinoma really consists,—if it were known,—would be unnecessary to our present purpose. The fact that it may be a cause of menorrhagia will not be materially affected by the views we may adopt, either in relation to the nature of, or to what constitutes a predisposition to this affection. Nor will the treatment be materially different, if we believe it depends upon a certain condition of the blood; or that its materials are incorporated with the component or molecular structure of organs, and therefore pervading the whole organism; or regard it, on the other hand, as a disease of the glandular structure exclusively.

Diagnosis.—It is not always easy to make the distinction between this affection of the uterus and those of a more simple character. To the superficial observer, cases of this description may be mistaken for simple engorgement, hypertrophy, or induration. The increase of volume, either in the entire uterus, the cervix, or in the body only, might be the same in these last-mentioned affections, as observed in the changes induced by cancer. Beside, the pain may be slight, severe, or entirely wanting, in the commencement of all these conditions. And, although they may each, in their turn, become a cause of the menstrual disturbance in question, in the same individual, commencing with simple engorgement, followed by hypertrophy and induration of the organ, and terminating in scirrhus; it becomes necessary to point out the diagnostic peculiarities, that the selection of the appropriate remedy, in a given case, may be made with greater certainty. Hence the necessity of an early investigation and a correct diagnosis.

A less hard, more uniform surface, often *great sensitiveness and tenderness to pressure*, with preternatural *heat* in the uterus, and *redness* of the part affected, accompany simple engorgement, hypertrophy, and induration; while the surface is *irregular and rough, free from tenderness*, and often attended by a feeling of *coldness, weight, and stony hardness*, even in the early stages of cancer, the mucous membrane, covering the cervix, having a dull white, or slightly gray, instead of a red color.

Prognosis.—The exact prognosis of menorrhagia from this cause, depends very much upon the stage of the disease. In its incipency, if the discharge be not excessive, and in otherwise a sound constitution, we might give a favorable prognosis. But, on the contrary,

if the menstrual function has been for a long time inordinately performed, and the cause hereditary, and particularly if the general powers of the system are seriously affected, and begin to yield; or if any of the vital organs have become involved, producing, as we see in some instances, a prostrating complication, and especially if ulceration of the os, or cervix, has taken place, and is extending with rapidity, the prognosis is extremely unfavorable, if there remains a hope even of effecting a cure.

If the nature of the case can be known at an early period, therefore, certain prophylactic measures may be adopted, which, if they fail to arrest entirely the malady, may protract it, and make the patient comfortable for years, while it would otherwise go on speedily to a fatal termination, and be attended with great suffering. But, if there be a knotted and indurated condition of any portion of the vagina; if the uterus has become fixed and consolidated with the neighboring organs; or if the cervix be so restrained by a contracted and hardened mucous membrane as to prevent free motion; or if ulceration, softening, or even abrasion of the surface has taken place,—the case, although not entirely hopeless, wears a very unfavorable aspect. The disturbance of the menstrual function is usually in proportion to the advance of the organic disease. In the commencement, there is but a slight increase of the catamenia, scarcely sufficient to attract attention; but as the case becomes more decided in its character, the menses are increased, return too often, continue too long, and, finally, are mixed more or less with blood, and, in fact, partake more of the character of true hemorrhage than the result of menstruation. It is more commonly mixed, and is often preceded and followed by a watery, leucorrhœal discharge, continuing, in some instances, throughout the whole period of an ordinary interval. The state of anæmia, induced by this perpetual drain upon the system, together with the malignant character of the organic lesion, upon which the other symptoms depend, render this the most dangerous and difficult to treat of all the varieties of menorrhagia.

Treatment.—Before the administration of remedies for menorrhagia from this cause, the patient should be made to know that much will depend upon her own efforts, and that a long-continued practice of self-denial is indispensable to the successful treatment of her case. Without her co-operation, the use of medicine will be of little avail.

Everything of a stimulating nature, such as wine and spirituous liquors, should be entirely prohibited. And such articles only of diet should be received as are nutritious, and at the same time simple and easily digested. Milk and eggs, when they agree, are well adapted.

The recumbent posture, or nearly-so, should be maintained, upon a well-stuffed mattress, in large, well-ventilated apartments. And that all physical exertion may be avoided, let the patient be moved about in a hand carriage daily. And when the weather will permit, let it be in the open air. Without the most scrupulous regard to a well-regulated system of diet, well-timed and appropriate exercise, together with the most perfect repose of mind, and entire abstinence from sexual intercourse, the advantage to be derived from any system of treatment or the administration of medicines, will be next to useless.

These rules will be of great use in the treatment of all the various forms of menorrhagia; but for the successful management of the variety under consideration, they are absolutely indispensable.

We should not, on the other hand, fail to caution against too close confinement, as the digestive functions may become impaired, constipation may ensue, and a great variety of complications be the consequence of an error of this kind. Therefore, such a system of hygiene and dietetics must be adopted as will conduct the patient safely along, shunning the dangers on the left, while she escapes those which threaten on the right. The principal remedies, which have been employed with the greatest success against the symptoms manifested in this variety of menorrhagia, and those which correspond with the general condition of those subject to it, are, *Arsenicum*, *Aurum*, *Belladonna*, *Carbo animalis*, *China*, *Clematis*, *Conium*, *Hyoscyamus*, *Kreasotum*, *Iodium*, *Magnesia muriaticum*, *Mercurius sol.*, *Nitri acidum*, *Phosphorus*, *Platina*, *Pulsatilla*, *Sabina*, *Sepiæ succus*, *Staphysagria*, *Thuja occidentalis*, or else, *Ambra grisea*, *Ammonium carb.*, ? *Bovista*, *Borax veneta*, ? *Calcarea carb.*, *Chamomilla*, *Hepar Sulphuris*, *Moschus*, *Magnetis Polus Australis*, ? *Ratanhia*, *Silicea*, *Secale cornutum*.

The symptomatic indications are, for

Arsenicum.—In females of a choleric and lively temperament, especially if exhausted from long-continued suffering, or from the abuse of quinine or of iodine, or if there be sudden and rapid failure

of strength from excessive flow of the menstrual fluid, or hemorrhage from an open cancerous ulcer; or if there be a scirrhus condition of the body, os, or cervix; and particularly if the attending pain be of a burning nature, appearing at intervals, and at times almost intolerable; the catamenia too early as well as too profuse, either followed or preceded by a thick, yellowish, acrid, and corrosive leucorrhœa. (It follows, prepares the way for, and alternates well with *China*, and is particularly useful after *Belladonna*, and should be compared with *Calc. c.*, *Cham.*, *Graph.*, *Iod.*, *Merc. sol.*, *Phos.*, *Puls.*, *Sepiæ*.)

Aurum is better adapted to the organic condition of the uterus than to the menorrhagia. After *Belladonna*, it is useful, administered in high attenuation, and immediately after the flow ceases, particularly if there be an indurated condition of the os, or cervix uteri, either with or without prolapsus. It may be of service either alone or in alternation with *Belladonna*, in profuse menstruation depending upon an ulcerated condition, particularly if the patient has been subject to a mercurial treatment, or had the system tainted with syphilis. (It follows *Belladonna*, *China*, and *Pulsatilla*, and should be compared with *Nitric ac.* in either of the last-named complications.)

Belladonna is, perhaps, one of our best remedies for menorrhagia depending upon scirrhus induration, and cancerous affections of the uterus, especially if attended by shooting pain in the vagina and uterus with a bearing-down sensation; catamenia too copious and too early, or if there be a flow of blood, during the interval, of a clear red color, with a discharge of fœtid clots. (It precedes *Arsenicum*, *Aurum*, *China*, *Conium*, *Hyoscyamus*, *Stramonium*, and *Nitric ac.*, in this affection; and is useful after *Mercurius*, or in alternation with it.)

Compare with *Calcarea c.*, *Hepar Sulphuris*, *Phosphorus*, *Platina*, *Pulsatilla*, *Sepia*, *Silicea*.

Carbo animalis,—if, in connexion with menorrhagia, there be an indurated condition of the cervix uteri; or even an open cancer of the uterus with hemorrhage; or if the menses appear too soon. But, like *Aurum*, the *Carbo animalis* is better adapted to the organic disease than the disturbed function. It is, therefore, more useful administered during the interval than at the time of the menstrual flow. And, judging from its effects upon induration of

the mamma, and other glands of the system, it should be administered in the thirtieth or higher attenuation, and allowed to expend its action before repeating. If there be an anxious heat at the commencement of the menstrual period, with great languor in the thighs before and during the menses, followed by a burning, biting leucorrhœa, a few doses of *Aconite* preceding the use of the *Carbo an.* will be serviceable.

China will be indicated if there be constant discharge of blood from the vagina in clots; painful induration of the cervix; congestion of the uterus, with a painful bearing-down when walking; and it will be particularly indicated if the profuse discharge, either of the menses or of pure blood, have continued until a general weakness, with trembling, and a great tendency to perspiration during motion or sleeping, have been produced. It can be administered either alone or in alternation with *Arsenicum*, for this last combination of symptoms. It will also be appropriate if there be an over excitability of the nervous system, with a sickly complexion, especially if there has been excessive sexual indulgences. (It is of especial benefit after *Arsenicum* and *Mercurius*, precedes *Arsenicum*, *Aurum*, *Belladonna*, and *Pulsatilla*, and should be compared with *Calc. c.*, *Graph.*, *Hepar.*, *Iod.*, *Phos.*, *Sepia*, *Silicea*, *Thuy.*)

Clematis erecta?—Von Stœrk has praised the virtues of this remedy in cases of cancerous ulcers of the lips, mamma, &c. It is therefore suggested as worthy an examination in scirrhus of the uterus; and moreover as it is adapted to cases of profuse menstruation occurring too early. It will also be found serviceable in many of the affections of the urinary organs, which are so troublesome with patients laboring under menorrhagia from this cause.

With our present knowledge of its pathogenesis, its range of action is rather limited, and should perhaps be regarded more as an intercurrent than a principal remedy. It should however be examined, as it has many points corresponding to the totality of symptoms met with in this class of cases. Compare with *Belladonna*.

Conium, like *Aurum* and *Carbo animalis*, is better adapted to the organic disease than to the immediate arrest of the discharge. But as it is distinguished by its action on the female glandular organs, it becomes an indispensable remedy in the treatment of menstrual disturbances from carcinoma of the uterus.

It should be administered during the interval. If there be a cancerous ulceration it will alternate well with *Nitric ac.*, *Mercurius*, *Iodine*, *Sepia*, and *Sulphur*.

If the disease be in an indurated form—surface entire—an alternation with *Belladonna*, or *Belladonna* during the menstrual period and *Conium* in the interval, will be more appropriate.

Hyoscyamus, after *Belladonna*, if the catamenial discharge be abundant and of a bright red color; or if there be a discharge of blood at a time different from the menstrual period; or if the patient be attacked with delirium, and has an unusual flow of urine, during the catamenia. It is indicated for the restless, sleepless condition produced by nervous excitement and anguish, so common in this class of patients.

Kreosotum.—If the catamenia are premature, continue too long and are too copious, with a discharge of black blood; especially if the consequence of cancer of any portion of the uterus, and accompanied by pain as from excoriation and hard knottiness in the neck of the uterus, or swelling of the external and internal genitals, with burning pains after coition; stitches in the vagina, as if proceeding from the abdomen; voluptuous itching deep in the vagina; or shootings in the vagina, as if produced by electricity; or if the discharge come on eight or ten days too soon, continue several days too long, and consist at first of black blood, sometimes discharged in lumps, and especially if succeeded by a pungent, bloody ichor, with smarting and corrosive itching of the parts, attended with pain in the back. It is also indicated if there be a pressing downwards, continuing after the flow ceases, and extending into the groins; or the menses be followed with a continuous corrosive leucorrhœa, accompanied with exhaustion, especially in the legs, and depression of spirits, livid complexion, etc. It being an article which is soon expended, the dose should be repeated as often as from one to four or five days, and may be administered either during the menstrual period or in the interval. If during the flow, it should be more frequent. (It precedes and follows *Iodine*, and should be compared with *Arsenicum*, *Mercurius*, *Nitric ac.*, and *Silicea*.)

Iodinum.—In menorrhagia from a chronic inflammation and induration of the lower segment of the uterus; or if there be profuse, long-continued metrorrhagia coming on while at stool, accompanied with cutting pains in the abdomen, and small of the back,

Iodine will be of service ; also if menstrual excess be attended with enlargement and tenderness of the ovaries ; or if the catamenia appear at one time too late, at another too soon, with weakness, palpitation of the heart, before, during and after the flow, or if premature, copious and violent. And if, in connexion with the uterine disturbance, there be swelling and induration of the mamma and other glands of the system, with or without hemorrhage from other organs, *Iodine* will be indicated, either alone, or in alternation with *Kreosote*. (Compare with *Arsenicum*, *Conium*, *Mercurius* and *Sulphur*.)

Magnesia muriatica.—If there be a discharge of black clots of menstrual blood, appearing too soon, continuing too long, and too profuse, with scirrhus induration of the uterus, or if the menses reappear in persons far advanced in life, after a cessation of a number of months or years ; especially if produced by a cancerous affection of the uterus. It is also indicated if the profuse discharge be accompanied with stinging and burning pain in the small of the back ; spasms of the uterus extending to the thighs ; or if there be great excitement immediately preceding the appearance of the menses, or constant yawning during the menses. (Compare with *Cham.*, *Con.*, *Mercurius*, *Nitric ac.*, *Phos.*, *Puls.*)

Mercurius sol. is best adapted as an intermediate remedy for the pains in the pelvis and bones of the thighs, which are so common in this class of patients ; particularly where complicated with symptoms of syphilitic or mercurial poisoning (before or after *Nitric ac.*). It is also of use in profuse menstruation from open cancer of the uterus ; particularly if attended with uneasiness and colic ; or if, during the catamenia, the tongue is red, with deep-colored spots, and burning, salt taste in the mouth. If the menses are reproduced, or metrorrhagia occurs by the development of this organic disease, in persons who have passed the menstrual climacteric, *Mercurius*, either alone or in alternation with *Belladonna*, *Magnesia muriatica*, or *Nitric ac.*, will be indicated.

Nitri acidum.—Catamenia too early, with cramps in the hypogastrium during the flow, and pressure towards the genitals ; discharge foetid, of a reddish-brown color ; or if preceded or followed by a foetid corrosive leucorrhœa, and particularly if the above symptoms are produced by an indurated condition of the uterus or an open cancer ; or if complicated by mercurial or syphilitic action

(before or after *Merc.*). (Compare with *Aurum*, *Belladonna*, *Magnesia*, *Platina*, *Pulsatilla*, *Sepia*, *Silicea*.)

Phosphorus.—Menses too early, too profuse and too long-continued, with pains in the loins and abdomen; stitches through the pelvis from the vagina to the uterus; discharge of blood from the uterus between the menstrual periods; or if the menses reappear, and have an offensive smell, after a cessation, in elderly persons, and particularly if followed by a reddish leucorrhœa. It is also of use if there be a slimy, acrid, excoriating leucorrhœa, either preceding or following the menses. If there be great debility, an impoverished vitality, which characterizes this disease, particularly in the latter stages, and especially if the discharges have been very excessive, a few doses of *China* should be administered previous to the *Phosphorus*. Although *Phosphorus*, so far as I know, has never cured a case of cancer of the uterus, it is peculiarly adapted to both the general condition of the system, and the particular functional derangement of the uterine organs in many cases of this affection. Besides, it has, in my hands, rendered essential service in induration of the cervix, in a number of cases of indurated mammary glands, open cancer of the breast, and in medullary sarcoma (soft cancer of some authors), both in the male and female. It is especially efficacious after *Kreosote* and *Iodine*. (Compare with *Arsenicum*, *Mercurius*, *Pulsatilla*, *Sepia* and *Silicea*.) The high attenuations; the 30th or higher have been most beneficial.

Platina.—Catamenia too early, too profuse, and long-continued.—sometimes with inquietude, headache, and weeping; during their continuance, pressure towards the genital organs, which are very sensitive; and if, in addition, there be induration of the uterus, or sanguineous congestion to the uterus, cramps at the commencement of the catamenia, and particularly if the discharge be of thick, deep-colored blood, with drawings in the groins; or if there be voluptuous crawling in the genital organs, internally and externally. (Compare with *Belladonna* and *Pulsatilla*.) The 30th attenuation has been most serviceable in the cases we have treated. It is also indicated in cases of menorrhagia from irritable uterus, and, perhaps, is best adapted to irritable women.

Pulsatilla will be of use in this variety, if the discharge return too soon, continue too long, and is made up of black blood, with clots of mucus, or if pale and watery, and flows by fits and starts; with hysterical spasms in the abdomen, gastralgia, pain in the loins,

drawing tension in the uterus, and pains like those of labor, nausea and vomiting, shiverings, vertigo, tenesmus of the vesica, scanty red or brown urine, with frequent desire to urinate, before, during, or after the period, and especially if the above be accompanied by feelings of sadness and melancholy, with a thick, corrosive, burning leucorrhœa, occurring before, during, or after the flow; or if there be great irregularity of the catamenia; first too tardy, then too soon, or too short, then of too long duration, with frequent changes in quality and appearance; and particularly if the accompanying pain wanders about from place to place. (It follows *Aurum*, *China*, *Sepia*, *Thuy.*, and *Platina*. Compare with *Belladonna*, *Chamomilla*, *China*, *Conium*. *Sepia* and *Thuy.* sometimes suit after *Pulsatilla*.)

Sabina is as appropriate in menorrhagia from uterine carcinoma as when resulting from an irritable uterus, especially if it occur about the time of the cessation of the menses, and the function be irregularly performed; it is better adapted to the deranged function than to the organic disease; and, therefore, should be administered during the flow; while some remedy, covering the peculiar pathological condition, is brought to bear upon the case during the interval. (Compare *Aurum*, *Bell.*, *Cham.*, *China*, *Ipec.*, *Sepia*, and *Pulsatilla*.) If the discharge occurs at intervals, or is profuse, and consists of coagulated lumps of black blood, and continues for a number of days or weeks, producing excessive debility (after *China*); or if the discharge be bright red, accompanied with pains resembling labor pains in the loins, and extending to the groin or thigh: or if attended by contractive pain in the region of the uterus; a yellowish, foetid leucorrhœa, of the consistence of starch, with itching of the pudendum; and particularly if, in addition, there be a painful congestion of the uterus, the os unusually open, lips thickened, cervix tender to the touch, with severe stitches deep in the vagina from before backwards.

Sepia, both on account of its antipsoric powers, and its specific adaptation to the organic condition in question, and its attending evils, is a most important remedy in menorrhagia. It may be applicable either at the time of the flow, or during the interval. If used to effect an organic change in the uterus, or counteract a psoric taint, a dose of the 30th, or higher attenuation, administered immediately after the menses cease, and allowed to expend

its action, will be most likely to accomplish the object. If, however, the case corresponds, a lower attenuation may be administered during the menstrual period, and repeated at short intervals. If there be internal and external heat in the genital organs; contractive pain in the vagina; bearing down in the uterus, obstructing respiration; prolapsus of the vagina and uterus; violent stitches in the pudendum and vagina; menses too early and too profuse, accompanied with pains in the limbs, as if beaten; or spasmodic colic low in the abdomen, and pressure from within outwards; sharp pain in the uterus until the discharge occurs; or if the catamenia be followed with an acrid, corrosive, yellow leucorrhœa, with soreness and swelling of the pudendum; a few doses of *Sepia* should be administered at intervals of from a half hour to an hour, or more. If much heat, *Aconite* in alternation with *Sepia*, will be of service. If, however, the above symptoms be accompanied with, or the result of *induration* of the neck of the uterus, *scirrhus* or open *cancer* of the uterus, the case should be followed up with higher attenuations during the interval. It should also be examined if there be a discharge of blood from the vagina after an embrace; or if it occurs in small quantities a few days before the menstrual period. (Compare *Arsenicum*, *Belladonna*, *Chamomilla*, *China*, *Conium*, *Phosphorus*, *Pulsatilla*; it follows *Silicea*; alternates with *Pulsatilla*, in this affection.)

Staphysagria is best adapted to the general condition of the organs, and is, therefore, more appropriately administered during the interval. *Ambra*, *Phosphorus*, and *Pulsatilla*, answer well during the flow, in cases where *Staphysagria* is indicated for the cancerous condition of the uterus. If there be a painful sensitiveness, or stinging, itching, or smarting, of the pudendum; spasmodic pains in the vagina; or if the ovaries become painful; and particularly if the patient become sad, or peevish and ill-humored, with frequent weeping, great anxiety, with dread of the future; or, if the case be complicated with symptoms of syphilitic or mercurial poisoning (compare with *Mercurius sol.* and *Thuja*), and pains in the bones of the pelvis. As a remedy for the organic changes, we prefer the 30th, or higher attenuation. We have seen benefit from the 12th,—more from the 30th,—in this disease.

Thuja, like *Staphysagria*, is best adapted to the organic changes which produce or accompany menorrhagia, or that condition which

immediately precedes an attack. It also resembles *Staphysagria*, in being suited to cases having a syphilitic taint (after *Nitric ac.*). It is indicated if there be rhagades, cauliflower-shaped or wart-shaped excrescences of the os uteri or cervix, with stinging and burning when urinating. We have always given it in the 12th attenuation. (*Nitric ac.*, *Pulsatilla*, and *Staphysagria*, frequently suit after *Thuj.*)

Ambra grisea.—If the menses appear too soon, or if there be burning, excoriating pain in the genital organs, with a discharge of blood between the menstrual periods, or painful soreness and violent itching of the pudendum; discharge of bluish-white mucus from the vagina, *Ambra* will be suited to the case; particularly, if the general pathological condition requires *Staphysagria* during the interval. (Compare *Phosphorus* and *Pulsatilla*.)

Ammonium carbonicum.—If the menses appear prematurely, and are too copious, of a black color, or acrid and mixed with blood, or if there be colic and pain in the loins during the catamenia, with pressure on the uterus, cuttings and acute pullings in the back and in the genital organs, or if there be a discharge of serum from the uterus, or an acrid, corrosive, or burning leucorrhœa, *Ammonium* will be the appropriate remedy, especially if in connexion there be great irritability of temper, with a vexed and taciturn mood during the menses.

One of the most prominent indications for the use of *Ammonia* in menorrhagia, whatever may be its cause or stage; whether it be from ovaritis, retroversion, uterine catarrh, ulceration of the cervix, irritable uterus, or the more formidable disease of the organ—cancer of the uterus; whether it be before, during, or after the menses, is the sensible presence of *Ammonia*, as evolved through the skin of the patient, or pass by the discharges from the ulcerated surfaces or from the cavity of the uterus, as the case may be.

Bovista.—Catamenia too copious and premature, flowing only in the night, or flow of blood during the intervals, corrosive, foetid, and acrid leucorrhœa, of a yellow-green color, or thick, slimy, and tenacious, like the albuminous portion of an egg, especially if the patient be sad and desponding, or in a capricious and irritable mood. (Compare with *Belladonna*, *Carbo animalis*, *Mercurius*, *Pulsatilla*, *Sepia*, and *Silicea*.)

Borax veneta, if the menses appear too soon and too profuse

and too pale, with beating pain in the head, nausea with pain in the stomach and loins, or with shootings and pressure in the groin. It is particularly applicable if, in connexion with this functional derangement, there be a sterile condition of the organs. (Compare *Chamomilla*, *Mercurius*, and *Pulsatilla*.)

Chamomilla.—If a scirrhus induration of the uterus be accompanied with violent, labor-like pains in the uterus, frequent desire to urinate, cutting colic and drawing in the thighs before the menses, burning in the vagina like an excoriation and frequent discharge of coagulated blood, with drawing from the small of the back, followed by griping sensation in the uterus during the period; or if in females far advanced, metrorrhagia occurs, *Chamomilla* is adapted; and particularly if the patient be excessively restless and anxiously tossing about, with tearing pains in the abdomen; peevish, quarrelsome, excessively sensitive to all impressions. (Compare with *Ambra*, *Belladonna*, *Borax*, *China*, *Phosphorus*, *Pulsatilla*, and *Sepia*.) It is better suited to the sufferings which immediately precede the flow, especially if the pains are paroxysmal, resembling those of childbirth, with an excessive irritation of all the sexual organs. It may be of use during the flow, especially if there be a profuse discharge of mucus with the menses, with a continuance of the nervous irritability. As an intercurrent remedy it is very important, either alone or in alternation with *Aconite*, *Coffea*, *Moschus*, *Nux vomica*, *Pulsatilla*, *Sepia*. It is not expected to affect materially the organic change upon which the sufferings depend, but to allay, soothe, and make quiet, until the flow is established, when another article will be indicated.

Calcareæ carbonica, according to Hahnemann, is indispensable when the menses appear too soon and are too profuse, and never beneficial when there is a deficiency of the catamenia. Whether this be true in relation to all the various pathological conditions, upon which an excess may depend, we are unable to say; but have often seen cases verifying these propositions. We have also observed that the best time for its administration, is during the interval, and that a repetition of the dose is never advantageous, when the menses return too soon or are too profuse. The concomitant symptoms which indicate *Calcareæ carb.*, are shootings in the os uteri, aching and burning pain in the vagina; discharge of blood in the interval; voluptuous sensation in the genitals, with itching of

the pudendum, and it is particularly serviceable if this menstrual disturbance occurs in persons of a scrofulous diathesis. If there be a purulent discharge from the uterus, with burning pain (before or after *Nitric ac.*); or if there be inflammation and swelling of the uterus; or prolapsus, with a bearing-down sensation (compare with *Belladonna*, *Platina* and *Sepia*); or if there be a burning leucorrhœa before the catamenia; producing an itching of the vulva, *Calcarea* will either cure the case, or so change it, that another medicine will be indicated. It is very useful after *China*, and *Nitric ac.* *Nitric ac.*, *Phosphorus* and *Silicea* follow *Calcarea* in this affection.

Hepar Sulphuris, is an important remedy if there be hemorrhage from the uterus in psoric subjects, particularly if the result of repelled eruption such as itch, or salt-rheum, or if there be cancerous ulceration of the os or cervix uteri, having a putrid discharge (followed by *Nitric ac.*), especially if the patient has been previously abused with *Mercury*. If the ulceration be of a syphilitic character and no abuse of *Mercury*, *Hepar* followed by *Belladonna* or *Mercurius*; or *Belladonna* during the period and *Hepar* in the interval, will suit many cases of menorrhagia from this cause; especially if there be congestion of the uterus, with itching of the pudendum during the menses. It is better adapted to the abnormal condition of the organ, than the change in the performance of the function; therefore it should be administered during the interval. If the case has been of long standing, the high attenuations will act most promptly, and the effect will be most permanent. A single dose should be taken at the close of the menstrual period. *Arsenicum*, *Iodine*, *Silicea* procede or follow the use of *Hepar*, and should be thoroughly compared, as they have many points of similarity in their adaptation to this affection. (Compare *Belladonna*, *Chamomilla*, and *China* for the condition during the period, and *Arsenicum*, *Iodine* and *Silicea* for the interval.)

Graphites, on account of its antipsoric power, may be of essential service in the treatment of menorrhagia, from induration, and cancerous ulceration of the uterus. It is a remedy, holding a prominent position in the treatment of many of the affections of the uterine system. For the more simple forms of a disturbed menstrual function, *Graphites* is better suited to cases of suppression of the catamenia, or where it occurs too slow, is scanty and too pale, than where they are too profuse, frequent, or long continued. Still it

may become an indispensable remedy, in the treatment of the latter class of cases; particularly if they depend upon an organic disease of the uterus, the foundation of which is psora. If then there be profuse menstruation from induration and swelling of the cervix, or if the neck of the uterus be occupied by tubercles of a painful character, which threaten to bleed or suppurate, with a feeling of weight deep in the abdomen, and heat in the vagina; or if there be increase of pain shortly before and during the menses; or if the discharge consist of black lumpy blood, of a strong smell; or if the pain in the uterus be of a violent, burning, lancinating nature, extending like an electric current down the thighs, with sadness, anxiety and fear, *Graphites* is particularly indicated. (Compare with *Arsenicum*, *Hepar*, *Sepia*, *Silicea*, and *Sulphur*.) The high attenuations will have the most prompt and permanent effect.

Ratanhia.—Catamenia appearing too early, continuing too long, and too copious, with abdominal and lumbar pains; tearing and burning pain in the vertex during the menses; frequent and urgent desire to urinate, with scanty discharges, or if there be metrorrhagia which has become habitual. It will be better suited to profuse discharge, even of a hemorrhagic character, than to the organic disease.

Silicea.—If from scirrhus induration, or cancerous ulceration of the os or cervix uteri, in cachectic persons, or persons of a scrofulous habit, or who have been abused with mercurials, the menses return too soon, or become too profuse, with pains in the abdomen, and burning sensation, with excoriation and itching in the vulva; or if there be metrorrhagia between the periods; or a strong smell of the menses, and particularly, if at the time of their appearing, the patient complains of an icy coldness of the whole body. It is also indicated if immediately before and during the menses there be a constipated condition of the bowels, fæces hard and knotty, urinary tenesmus, with continued desire to pass urine. (Compare with *Belladonna*, *China*, *Hepar*, *Graphites*, *Mercurius*, *Phosphorus*, *Pulsatilla*, and *Sepia*.) It follows *Calcarea carb.* and *Hepar*, and is followed by *Hepar* and *Sepia* in this affection. It may be administered either in the interval, or during the flow; but it is best adapted to the organic change; and when selected for its general effect upon the system, a single dose of the 30th, or higher attenuation, should be given immediately after the flow.

Secale cornutum, if there be a cancerous or gangrenous condition of the uterus, with catamenia too profuse and continuing too long, attended with violent spasms; or if there be congestion of blood to the uterus, with hemorrhage, flowing especially during movement, and particularly if the mouth of the uterus be open, either from organic disease of the cervix, or inflammation of the lips. If the patient complain of labor-like pains from the loins to the uterus, with pressure on the bladder and rectum, and cutting colic, before and during the menses; and particularly if in feeble, cachectic persons, with pale face, cold limbs, cold perspiration, small, feeble pulse, with active or passive hemorrhage of bright red or black blood, according to our experience, this remedy should be used in a low attenuation.

There are many other remedies to be considered in connexion with menorrhagia from cancerous affections and their kindred diseases of the uterus, some of which have a more or less direct application to the abnormal condition of the organs; while others have but a collateral relation to the disturbed function. In the selection of the remedy, therefore, we not only have reference to the time, quantity, and quality of the menstrual discharge, but the organic lesion, and the sympathetic or concomitant affections of other organs. For instance, the urinary organs become disturbed, producing, for the time, more suffering than is experienced from the primary disease. When this is the case, *Berberis vulgaris*, *Cannabis sativa*, or *Dulcamara* (remedies having no relation to the abnormal condition of the uterine organs or their perverted action), will afford much relief; so of all the diversified complications. If a remedy can be selected which is adapted to all the points in the case, well; but if not, let such a one be chosen as will mitigate most perfectly the sufferings of the patient, particularly if there is a fatal tendency to the disease.

The remarks in relation to the treatment of menorrhagia from an *irritable uterus*, when complicated with or depending upon psora, are equally applicable in the treatment of profuse menstruation in psoric subjects, from whatever immediate cause it may originate, and particularly when depending upon an organic disease, like the one we have now been considering. I, therefore, beg leave to refer the reader to No. X. Vol. 1, pages 446-7, for our views on that subject.

WHAT IS THE MOST TRULY HOMŒOPATHIC TREATMENT FOR BURNS AND SCALDS?

BY A. LIPPE, M.D.

(Read before the Philadelphia Homœopathic Society.)

EVERY individual case will require its individual treatment according to the law of cure (*similia similibus curantur*), and, therefore, many remedies, not mentioned in this short essay, may be indicated in some cases as the symptoms accompanying such injuries, as well as the causes which may indicate them. I can, therefore, only treat of such conditions following such injuries as we find most frequent in practice. And to illustrate the general treatment of scalds and burns in the most truly Homœopathic manner, I shall first state the symptoms generally following the different degrees of combustion, and give the remedies that are indicated by such symptoms, and have been confirmed by practice. And secondly, state what remedies were more efficacious according to the causes.

Combustions are caused when our body comes in contact with fire, heated substances, mineral acids, alkalies, or some of the metallic salts, and oxides. On the degree of heat, and, therefore, with fluids on their density and thereby conditioned capacity for heat, on the time they have been in contact, and on the tenderness of the parts with which they have been in contact, depends the degree of the ensuing inflammation. Thus may exist any number of degrees, but we will confine ourselves, as is usual, to *four*.

1. The first degree of combustion is caused by steam, or from the contact of more or less hot substances; it produces a deep, not circumscribed redness of the skin without swelling, which vanishes when pressed upon by the fingers. The skin peels off in a few days.

Treatment.—Among the known Homœopathic remedies, *Ars.*, *Bell.*, *Euphorb.*, *Hammamelis*, *Rhus*, and *Tereb.* correspond with that condition of the skin. I found *Hammamelis* the most efficacious remedy; the distilled preparation externally applied, will reduce the pain immediately.

2. The second degree, which is mostly caused by heated fluids,

causes the epidermis to become either spontaneously or gradually elevated to a smaller or larger blister, filled with a yellow or transparent fluid. The redness and swelling of the skin are more intense than in the first degree, the pain severer—burning—and this condition is generally accompanied by fever. The vesicles shrink and dry up, the fluid becomes absorbed and the epidermis is thrown off, or if they burst or are opened, the fluid is emptied, the blister sinks in and dries up, a new epidermis is formed, or the place suppurates.

Treatment.—There is none of the known remedies to correspond closer to this condition than Cantharides, which if early enough applied will prevent the blisters from forming to any extent. Where they have formed, the Tincture of Cantharides applied with a brush externally, will soon relieve the pain. Hot alcohol or brandy may be applied. Urtica Urens, Creasote, and Causticum have to be next considered, should Cantharides not be sufficient. When it has come to the formation of ulcers, Ars., Carb. veg., Cycl., Lachesis, have to be considered.

3. The third degree is caused by the flames of fire, or by the longer contact of the body with hot substances, especially hot fluids; it is characterized by gray, yellowish or brown spots, which are thin, soft, and when slightly touched painless, only painful when more severely pressed upon; at the same time blisters make their appearance (filled with a brownish or sanguinolent fluid); the adjoining parts are red and much swollen. In six or eight days, sometimes later, the epidermis and the Malpighian net are thrown off, and it heals by granulation. There is a white, bright scar left.

Treatment.—This irritation corresponds with the symptoms of Ars., Cant., Cycl., Creasot. Creasote water will very generally soon allay the violent pain. It can be applied with a brush, and linen cloths dipped in weak Creasote water can be applied to the burned parts. I found this an admirable remedy. Caustic solution has been used in the same manner successfully.

4. The fourth degree is caused by a long contact with fire, red hot or melted metals, boiling fluids, &c. The destruction involves the whole thickness of the skin and the cellular texture, or goes deeper into or through the muscles to the bones, or a whole part is destroyed and burned to coal. The scurfs formed are of dif-

ferent thickness and insensible when caused by hot fluids; soft, gray or yellow, when caused by fire or dry hot substances; brown or black, dry, hard, sounding when touched. In the circumference of these scabs the skin is drawn into radiating folds. The adjoining parts are much swollen and reddened, very painful, and often covered with blisters. Around the scabs suppuration ensues, which causes the scurf to be thrown off, and then a more or less deep ulcer is formed. Granulation sets in, the edges unite and form ill-shaped, hard, immovable scars, frequently changing or even sometimes suspending the motions of the parts.

Treatment.—The best remedy in such cases is soap. A paste made out of the scrapings of good Castile soap and spread on linen, with which the burned surface is covered. It is necessary to renew this dressing from time to time. If the ulcers become putrid and offensive, and Sapo given internally does not relieve, the dressing must be changed, and Creasote will then be in place externally. If the pain in the ulcers is burning, Ars. internally, or when they bleed at the same time, Carb. veg. will be the best remedy. Sec. corn., Caust., Cycl., Laches., if the ulcers become gangrenous. Such cases, after treatment with Lead water, have yielded in my hands to the application of soap; the remedy being administered at the same time internally.

When the burn is caused by sulphur or other acids, Lime-water is the best remedy.

If caused by an alkali, vinegar is best.

If caused by burning fluid, as is used in lamps, a paste of Chlorate of lime and oil, or an aqueous solution of Chlor. lime, alone, is best.

Gunpowder burns, which generally affect the face and hands, I have best treated with a very weak solution of Creasote.

If it is caused by Phosphorus, sweet oil is the best remedy.

If fever, diarrhoea, constipation, or other symptoms make their appearance, they must be treated according to symptoms. In many cases it is better to apply externally only a little mutton suet, and give the remedies internally, except when they had been treated injudiciously before.

THE HIGH POTENCIES.

BY S. REMINGTON, JR., M.D.

IT may not be improper for me to state, before proceeding to the consideration of the merits of the high potencies, that I do not intend to attempt to prove a theory of my own, nor to adopt the sentiments of any author on this topic, for I well know, that such proof, if proof it may be called, is too easily overthrown by experience, the test of which it must stand, or be thrown away as valueless. Neither do I hope to be able to prove directly by any species of argumentation, or to a mathematical certainty, that the high potencies do possess any influence over the organism; but although I do not think that I shall be able, by such means, to make it a demonstrable fact, I shall, nevertheless, approach as near to such a conclusion as facts will permit. I shall offer some very interesting cases in illustration of my position, and such reflections as may present themselves, in support of the convictions of my own mind, that the high potencies do possess therapeutic virtues, in common with the lower ones. And if I succeed in leading any mind to the intelligent investigation of this subject, my fondest wish will be fully realized.

Taking it for granted, that the great fundamental principles of the science ("*similia similibus curantur*"), which we call Homœopathy, stands undisputed, and that the doctrine of *limited* attenuation stands by its side, sheltered beneath its broad pinions, from the incredulous scrutiny of every Homœopathic practitioner, I shall attempt to offer some reasons why its less fortunate offspring should be looked upon as legitimate, or, if I fail in that, I hope, at least, to show, that it is deserving of trial before it is consigned to oblivion.

The question, "How far may Homœopathic drugs be attenuated and still retain curative virtues?" is one, that has been a source of dispute among Homœopaths from the time of Hahnemann down to the present. This dispute has not been confined entirely to the Homœopathic profession, but has agitated the Allopathic school also, and words have been multiplied on both sides without much

practical benefit resulting from such reasoning. They have tried to dive to the bottom of a subject that does not admit of being so easily fathomed, and, after expending all the argument and philosophical reasoning with which they had equipped themselves, they have arisen to the surface, no wiser than they were before.

Allopaths have laughed and pointed the finger of scorn at those who advocate infinitesimal doses, and sought, by such means, to exterminate the small band of Homœopaths from the land, not deeming them worthy of more energetic efforts to expel them, confidently expecting that the so-called science, Homœopathy, would die a natural death without any Allopathic means being used to hasten its dissolution. But while Allopathia thus mused upon her own self-sufficiency, and contemplated with much complacency her own antiquity, the infant science gradually became stronger and stronger, until it arrived at a point, where its prospects for future subsistence no longer could be a matter of doubt, even to the most antiquated worshipper of Hippocrates. Then the lion was aroused from his lethargy, the finger of scorn was withdrawn, the stale jokes upon infinitesimal globules nearly died away, then the press belched forth its thousands and tens of thousands of blank cartridges, false statements,* and page after page, volume after volume, of superficial reasoning, until Homœopathic science was gratuitously advertised by its chagrined rival, Allopathy.

Homœopaths then were united. Then they could boast of possessing one element among others unknown to Allopathy, *harmony*. Then every shoulder was put to the car, and its massive wheels rolled triumphantly over the dogmas and traditions of the prevailing school as fast as they were thrown before it, to impede its onward course.

But in the midst of this tranquillity "a bone of contention was thrown," a new banner waved in the midst of this harmonious band, upon which was inscribed in glowing capitals "High dilutions only!"

Some forsook the banner under which they had so gallantly fought and conquered, and were marshalled under the new ensign, so treacherously insinuated into their midst. The new theory was put into practice, and the consequence was, that their patients grew worse and worse, and finally doubted the system and went over to Allopathy, and were relieved, or they lost all confidence in their

medical attendant, and called in another, who did administer the *right remedy and in the right way*. Then the "high dilutionists" were forced to give up the indiscriminate use of the high potencies, and return to the ranks, from which they had deserted.

But there was still another party, whose motto was, "*Low and high potencies*." These were not treacherous deserters from the pure principles and examples of their great master, but men of observation who held the doctrine, "prove all things and hold fast that which is good," above the narrow-mindedness of blind prejudice. They were guided by the unerring light of experience, and its teachings were studiously observed and followed; the consequence was, that success marked their progress. But this class of Homœopaths, although they followed the instructions of their master, and were therefore genuine Homœopaths, did not escape persecution and ridicule, even from those who were professedly their brethren!

That there is still existing a diversity of opinion upon this subject, *i. e.*, the subject of doses, or the degree of attenuation to which drugs may be carried, and still retain curative virtues, is not to be wondered at. Neither is it a matter of surprise, that those, who are opposed to the doctrines of Hahnemann, seize upon this lack of harmony among Homœopaths themselves, to prejudice the minds of the public against the science: nor should it surprise us at all, that various sects should grow out of the same science, and some men, styling themselves Homœopaths, become wiser than their master (in their own estimation). Adopting this notion, or that theory which caters most to their vanity and prejudices, or, from indolence, of which no man can be guilty and be a good Homœopath, being incapacitated to apply themselves to the thorough investigation and study of the principles upon which they profess to practice.

After Hahnemann had discovered the glorious law upon which he based the science of Homœopathy, he next conceived the doctrine or idea of infinitesimal doses, and, after establishing their utility, to a limited extent, he resigned the further investigation of that branch of the science to his successors. Have they done it? Have those, who foolishly denied the possibility of the high or the *highest* attenuations, producing any curative action, upon the organism; have they, I ask, followed the teachings and suggestions

of their great master, or, contributed one particle towards the development of the principles which he gave? Are they then to be considered true Homœopaths?

For my own part, I must confess, that I cannot see wherein lies the difference between Allœopathy and Hahnemannism (except in the law of cure, *similia similibus curantur*), if it be Homœopathic to use the crude drug or mother tincture. In some cases I admit, that it may seem justifiable, but, to use those preparations to the *exclusion* of the higher ones, is, to go back to the very margin of the muddy stream of Allœopathy into which the half-made Homœopath might as well plunge at once, and thus save the science, of which he is a professed member, from the odium of a mixed practice. Such a course evinces either a distrust of the principles of our science on the part of its professed disciples, or else, it shows to the world, that Homœopathy is a fraud and a downright deception.

But it may be asked if, "high dilutions only," "crude drugs" or "mother tinctures," and "low dilutions only," are not in accordance with the spirit of Hahnemann, and consequently, not strictly Homœopathic, what is Homœopathic, and what is in accordance with the spirit of Hahnemann? That question might be answered in a variety of ways. I would ask, Is any professed religious sect entitled to the name of Christian, who do not take the Bible, the organ of religion, as their guide in the regulation of their views and practice? Certainly not. Let us apply this to medicine, and see how far it will bear us out in our argument, and in doing so, I would ask, is a professed Homœopath entitled to that name, who does not take the Organon, the Bible of Medicine, as his guide, in the regulation of his views and practice? Most unquestionably he is not. But it may be urged against this conclusion, that the Bible is an inspired volume, and contains the oracles of God; it is, therefore, infallible. Although we cannot plead infallibility for Hahnemann and his Organon, yet he has evinced an intuition in the arrangement, conception and elucidation of his doctrines, that it may not be sacrilegious to call almost inspired. But whatever may be said of Hahnemann's fallibility, his suggestions are every way worthy of being tested, and, that it is the *duty* of every Homœopath, who has the advancement of the science at all at heart, to endeavor, by divesting himself of pre-

judice and everything that may serve to dim the light of reason and obstruct the path of truth, to "*prove all things*," reserving to himself the privilege of holding fast *only* "that which is good."

From what has been said, it will be seen, that I am for taking Hahnemann as the guide in the investigation of the doctrines which *he* has promulgated. It will also be seen, that I only wish to express my own convictions of the *exclusivism* which exists in the profession, and not to condemn the use of either attenuation that experience may have proved serviceable in the treatment of disease. But I might maintain still higher ground. I might speak of the doctrine of *dynamization*, and its importance as a part of the proof that might be brought forward in support of the assertion, that, the high attenuations possess therapeutic virtues. I might speak of the influence of *trituration* in eliciting the medicinal energies of drug atoms, of the infinite divisibility of matter, &c., &c., but I must leave those topics untouched, as I have already extended my remarks beyond the limits that I originally intended to be governed by, and must now confine myself almost exclusively to one branch of the subject, viz: the result of experience.

Our great master has given us a criterion to go by, in the administration of our remedies, that has been verified by experience, time and again, as hosts of cases have been published and many more as yet unpublished, clearly demonstrating the fact, and that rule will apply to the high as well as to the low attenuations.

The criterion above alluded to, may be found in the Organon; Hahnemann says: "It has been fully proved by pure experiments, that when a disease does not evidently depend upon the impaired state of an important organ, even though it were of a chronic nature, and complicated, and due care has been taken to remove from the patient all foreign medicinal influence, *the dose of the Homœopathic remedy can never be sufficiently small as to be inferior to the power of the natural disease*, which it can, at least, partially extinguish and cure, *provided it be capable of producing only a small increase of symptoms immediately after it is administered.*"

Again he says: "*This incontrovertible axiom, founded upon experience, will serve as a rule by which doses of all Homœopathic medicines, without exception, are to be attenuated to such a degree, that after being introduced into the body, they shall merely produce an almost insensible aggravation of the disease.*" Here we have a

rule, founded upon the experience of Hahnemann himself, and verified by the experience of numerous other experimenters, both in this country, and in Europe. Does this rule apply *exclusively* to the lower attenuations, or, does it extend to the higher ones? That question may be answered by asking another, and answering it, viz., does experience prove, that aggravations only follow the administration of the low potencies? We answer it does not: then, it is self-evident, if our position be a correct one, that the rule above quoted, applies to all attenuations of Homœopathic medicines that may be said to produce aggravation of the symptoms. The question now resolves itself into one problem, which, if satisfactorily solved, should leave no doubt on the mind of the skeptic, of their utility in the treatment of disease.

Taking it for granted that the law, i. e., that medicines, after being taken Homœopathically, produce a slight aggravation of the symptoms, we have only to look to the experience of those who have experimented with the high potencies, to prove that they *do* produce, in many cases, sensible aggravations of the disease. It cannot be said that aggravations are *always* seen, or even felt, after the administration of the high potencies, neither can it be said of the lower potencies in every case; but are we to conclude from that, that the medicine is of no service to the patient? I think not; for if we were thus to conclude, we might as well give up the administration of medicine altogether, and abandon the patient to the recuperative powers of Nature alone. But, fortunately, we are not often called upon to thus forsake our patients, and leave them without the benefit of the blessings procured for them, from the bountiful store-house of the healing art. Then I would ask, if we are not to abandon our patients to Nature, in every case where we do not see aggravations of the disease produced by the medicine administered, what are we to do? Shall we change the medicine? Certainly not, unless there is no improvement apparent in the case after a certain length of time has expired, and we are convinced that the medicine will not produce the desired effect. Now I would ask, if we will be governed by the improvement made in a case, under the use of the *low potencies*, or, in other words, by *experience*, why reject the *high potencies* without a similar trial? The experience of every Homœopathic practitioner will furnish numerous instances, in which he has given the low potencies, without any

sensible aggravation having been noticed, either by himself, the attendants, or even the patients themselves; but those patients improved under the use of the remedy, and recovered. Was it Nature alone that conducted the case to a successful termination? or was it Nature aided by the medicine? Unquestionably it was the latter, and that is known by the improvement that took place, after the administration of the remedy, and could not be called a coincidence. There was no *sensible* aggravation of the disease, and yet the physician in attendance is prone to say, that "he has cured the case;" but approach him with a case, in which you have used the high potencies, and say that by their use you have cured a similar case, and he at once asks you, how you know it—he asks you if there was observed any aggravation of the symptoms, after you administered the high potencies, he may even require you to show that the high potencies have produced the *pathogenetic* symptoms of the remedy, before he will be convinced that the medicine, in that form, is capable of affecting the system at all. The "high potency hater" will not allow us as much latitude as he, himself, takes to disprove, what we would try to vindicate, and we must rely mainly upon those cases where *violent* aggravations follow the administration of the high potencies; but I cannot believe that, because the high potencies, *like the lower ones*, fail, in *some instances*, to produce sensible aggravations, that they are therefore of no service in the treatment of disease, neither do I think that that circumstance is any more an argument against the one than the other.

But suppose we should present, to one disposed to ridicule the idea of the high potencies producing aggravations, many well-authenticated cases, in illustration of our position, we should but add fuel to the flame of his ridicule; for the more striking the case, the less possible it would seem to such an one, and the further off from conviction of their truth would he be. It is not to such that these pages are dedicated, for "I speak as unto wise men, judge ye what I say."

If the high potencies have produced aggravation in one single case, it proves that they are capable of affecting the human organism, and that alone establishes their utility.

Now, the Homœopath who is convinced of the truth of this assertion, and who has proof enough presented to his mind to convince him that they do produce aggravations, and who then denies their

capability to remove and cure disease, must give up the principle upon which he professes to administer the lower potencies, and, by so doing, brand himself an empiric.

I shall not pretend to say in how many cases, or in what proportion of the cases, where the high potencies have been given, aggravations have been observed; but that they have been observed, I think, is a demonstrable fact, a few cases that I will quote, will serve to prove.

The following cases were related to me by my late preceptor, Dr. R. Gardiner, whose character is too well and favorably known to the city reader, to require any comment from me; but to those who do not know him, I would say, that his accuracy as an observer, his untiring zeal in the cause of truth, his devotedness to the science of Homœopathy, and, above all, his strict integrity as a man, all conspire to render any observation that he has made, not only interesting, but weighty.

CASE I.—Mrs. B., æt. about 50, afflicted with a chronic affection of the spine, attended with violent neuralgic pains. Bell. 200 has been given repeatedly, and *always* produced such a violent aggravation as to render it necessary to give her an antidote, and lay aside the use of the remedy.

CASE II.—Miss M. A., æt. 28. Laboring under a chronic affection, for which a variety of adopted remedies of the *low* potencies had been used *without* benefit. *Two* globules of the 600th attenuation (Jenichen's preparation), of Mercury was given. She was seized during the night with rigors, stiffness of the neck, &c., and the next day *ptyalism* occurred, which was characterized by a *strong mercurial factor*, which continued ten days, during which time the gums presented the usual appearances after salivation, soft, spongy, and bleeding easily. She had always been healthy, and had never taken much medicine. *She is not conscious of ever having taken Mercury in any form.*

Now the first objection that will strike the mind, in relation to this case will be, that although not conscious of having ever taken Mercury, yet she must have done so at some period in her life, and the salivation, which appears to have been caused by the two globules of the six hundredth of Mercury, was only the exciting cause of that effect, by arousing into action the Mercury already in the system. Well, although that does not appear, still, we are

willing, for the sake of argument, to let it go in that form, as the remaining fact is enough to answer our purpose. Now the question arises, does not this case of salivation, which it must be admitted was caused in some way by the 600th of Mercury, either directly, or indirectly by arousing the Mercury already in the system into action, does it not prove, I ask, that the high potencies are capable of affecting the human organism? But another objection may arise. Some may say, that if Mercury had not been present in the system, the high potency would not have produced any effect; that its action on the system was secondary; that *it acted only on the Mercury*, &c. Granting all that, if you please, still our argument remains unanswered, for we care not *how* the medicine produced the effect, so long as the fact, that *it did* produce it, stands substantiated. In order to have been the exciting cause by which the Mercury in the system was developed, the high potency must have penetrated the recesses of the system where the Mercury existed in a state of hibernation, so to speak, and by so doing furnish an additional proof of their widely extended range of action on the human organism.

Many more cases I might quote, in which aggravations are well marked, but it does not seem necessary. It may not be amiss for me to quote some authority on this subject, and I will do so, although I regret that my supply is limited, not having at my disposal, many works in which the high potencies are treated upon; but in the absence of a more plentiful supply, I shall endeavor to offer the best I have.

In a letter addressed to Dr. Bœnninghausen, by Dr. Nunez, which may be found in the 27 vol. of the Homœopathic Examiner, Dr. Nunez says: "I am even disposed to believe, that the potencies beyond the 300th are more efficacious than the 200th. Of the 300th, I have seen marked exacerbations."

The same writer goes on to say, that he has seen exacerbations caused by Calc. 200, and also the 700th. He also mentions a case of sciatica, which had been treated allœopathically for six months without the least benefit, relieved by one single dose of Ledum 300th. Staff mentions a case like the above, which he succeeded in removing in six days by the use of Coloc. 200, in water. The same writer also mentions the case of "a robust female of 30 years, who was afflicted with a chronic leucorrhœa, to whom he gave Nat. Mur. 400th;" after which, he says "it became excessively violent,

and corrosive." "After the aggravation had lasted four days, the leucorrhœa disappeared entirely and permanently."

Dr. Nunez says further: "Aggravations occasioned by the 200th dynamizations are sometimes very violent and obstinate." "I gave Nat. Mur. 200, for a chronic gleet, and a complete retention of urine was occasioned by it, which yielded to Conium." One other case I will quote from the same writer. "To a nervous lady, who had been in the habit of being bled, I gave one pellet of Ars. 300; one hour after taking it, violent retching set in, and half an hour after the menses made their appearance, eighteen days before the regular period. This lady had always been regular, and had never had an attack of retching."

It has been supposed by those who acknowledged the utility of the high potencies in *chronic* diseases, that they were not adapted to the treatment of *acute* diseases also; but experience does not confirm that doctrine, as a few cases, which I shall quote will show.

Dr. Bœnninghausen has reported the following:—

CASE I.—"Mrs. W., thirty-eight years old, whom I had cured of a chronic headache with closing of both eyes, by Sepia, was attacked with a violent and excessively painful inflammation of the left mamma. Took one teaspoonful of a solution of Phos. 400, in a tumbler full of water; was completely cured in forty-eight hours."

CASE II.—"Mrs. H., wife of a high public functionary, had suffered for some weeks past with a violent face-ache, which had become intolerable under alloëopathic treatment. It corresponded to Spigelia. The lady being extremely sensitive, I caused Spigel. 200, to be dissolved in a cupful of water, had *one* teaspoonful of that solution mixed in a second cupful of water, and directed the patient to take one teaspoonful of this latter solution. The effect of this dose was violent, in spite of my precaution. Immediately after taking the dose, she had an attack of the pain which was more violent than any of the preceding ones had been. This attack lasted only five minutes; it then ceased altogether, and the pain has never returned since."

Dr. Bœnninghausen reports another case that I should like to quote, but space will not permit. But I must mention the ex-

perience of Dr. Gardiner, Sr., in the treatment of the dysentery of the last season. He says, "I have used the high attenuations, in the treatment of the dysentery of the last season, with entire success. I used the high attenuations almost exclusively, from the 200th upward." Among the many cases that he would have kindly furnished me with, wherein he had used the high potencies, I have only room for one of those treated in this manner.

Mrs. M., æt. 48. Dysentery attended with the following symptoms; frequent, bloody, slimy discharges, violent tenesmus, fever and thirst; suppression of urine; extreme soreness, and tenderness of the abdomen and cutting pains previous to evacuation, &c., &c. Several remedies, of the lower potencies, were used; Coloc., Merc., Ars., Nux., vom., &c., but without any benefit, and the case was fast assuming a discouraging aspect, when, Coloc., Sulph., Ars., Canth., Capsi., and Nux. vom., all of them being of the high potencies, 200th and upward, were used. One or two doses being administered in the course of twenty-four hours, entirely restored the patient to health.

Another acute case, treated by Dr. G. I must relate. Mr. J. F., æt. 50 years, was attacked with a violent rheumatic affection of the right knee. The pain was very acute, so much so, that he was not disposed to use the limb at all. He had suffered from it for some length of time. The treatment was as follows:

December 21st, 1852. Rhus. 200th, was given in the evening, and, in one hour and a half after the first dose, the pain ceased, and he had a good night's rest and continued to improve until the 24th December, when one dose of Bry. 200th was given; after which the symptoms continued to improve.

December 26. One powder of Ant. Crud. was given, after which, no more medicine was required, there only remaining a slight stiffness of the joint, and he went to his business the next day, perfectly cured.

I have many more cases which I should like to mention, and which are obtained from Dr. G's. experience, illustrating the value of the high potencies in the treatment of acute cases, as well as in chronic diseases; but as I have nearly exhausted my space, I shall have to content myself with merely giving a brief outline of one or two of them.

Mrs. J., æt. 64. Erysipelas of the face, which has spread itself

over the entire scalp and both ears. Face much swollen, fever and thirst, pulse active, tongue greatly coated, restless, &c. &c.

December 22d. Bell. 6th, was given and continued about thirty-six hours, without benefit.

December 24th. Laches. 200, was administered.

December 25th. Bell. 200, one dose was given.

December 26th. Another dose of Bell. 200, was administered.

December 27th. A third dose of Bell. 200, was given.

December 28th. Lach. 200, was given, and at the end of that time, she was entirely cured.

One circumstance, worthy of remark in this case, is, that she improved every time the Lachesis was administered.

Mrs. M., æt. 25. Leucorrhœa, from which she had suffered for a length of time, attended with thick greenish-yellow, acrid discharges; violent pains and weakness in the back; dragging pains in the sides; constipation of the bowels, and general debility.

November 5th, Sepia, 200th, one dose of which was given, followed by another the next day, which relieved the case and no more medicine was required. The discharge ceased, and the bowels became regular.

One more case I will mention, and then bring my remarks to a close, having already extended them beyond my original design. This case also was under Dr. Gardiner's treatment.

Miss A. W., æt. 25 years. Presented the following symptoms, for which she was under treatment several weeks, and for which a variety of medicines, of the low potencies, were given, but without permanent benefit: violent pains in the stomach; nausea and vomiting of food; pains increased after eating; emaciation, &c., &c. After the lapse of several weeks, a tender spot was discovered on the spine, at about the centre of the dorsal vertebræ, and the symptoms became of a very grave character, so much so, that the case seemed a hopeless one. One globule of the 900th attenuation of Sulphur, was given, which perfectly relieved her; no more medicine was required from that time.

Having gone through this subject as rapidly as I could, and having but imperfectly completed it, I must now briefly state the conclusions to which I, as an individual, have arrived in the investigation of this interesting subject.

I. That the high potencies *do produce aggravations*.

II. That they are suited both to *acute* and chronic diseases.

III. That the remedy, must be *strictly* Homœopathic to the case.

IV. That more care is necessary, in the administration of the high potencies, to guard against "all foreign medicinal substances," during the action of such remedy, than is necessary in the administration of the lower potencies.

V. That it is the duty of *every* Homœopathic practitioner, to try the high potencies in his own practice, which none will refuse to do, unless, he is blinded by prejudice, or, "joined to his idols."

SEPIA.

COMPILED FROM DR. KASPAR'S LECTURES, BY CARROLL DUNHAM, M.D.

GENERAL EFFECTS.

SEPIA is essentially a remedy affecting the vegetative sphere. Its other effects are only secondary.

1. It has a transforming action, altering the crases. Its action is slow, but deep and prolonged.

2. It diminishes the reproductive energy of the vegetative sphere. This is made manifest—

a. Through the sluggish performance of the functions.

b. Through the deficient general nutrition.

3. Pains and isolated symptoms are but feebly pronounced.

4. It has special relations to the portal system, and to the female sexual system.

SPECIAL EFFECTS.

A. PRIMARY. I.—*Digestion* is impaired, acidity predominating; sour and foul eructations; tormina and meteorismus; chilliness after meals; neither copious diarrhœa nor obstinate constipation; frequent tenesums. Hemorrhoidal tumors; excoriation between the nates (corresponding to the acrid character of the discharge).

2. *On the Portal System and the Liver.*—*a.* Functions of the Liver. In *degree* these are not greatly disturbed. In *kind* the

bile is altered; it acquires a sour or foul character (hence vomiting and diarrhoea) with too little alkali.

b. It induces also a change of texture in the liver, as is manifested by the disturbed state of the circulation (numerous stases).

c. The complexion is altered. The skin becomes yellow and earthy-colored—like the wax of old church candles. Puffiness of the soft parts; there is no emaciation; this appears later—first, an increase of the fatty tissue, then laxity and flaccidity, lastly emaciation. Also irritations of the skin, showing itself in red spots with yellow areolæ.

d. Mental depression; sadness, inclination to anger.

3. *Sexual System. a.* Enfeebled condition, manifested by erethism—(sexual instinct without energy) rapid emissions, followed by great exhaustion and apathy after coitus.

b. Profuse perspiration about the genital organs, especially of females; excoriation and itching.

c. Sepia has more relation to the female sex, yet is not to be overlooked in reference to the male. Menses scanty or suppressed or else occurring too early. During the suppression of the menses, mental depression and apathy.

B. SECONDARY. 1. *Nervous System. a.*—The nervous system, especially in the female sex, standing in the closest relation to the sexual system, shows a tendency to erethism, in consequence of which hysteric phenomena present themselves, which may increase even to spasms.

b. The sensations and pains of Sepia are indistinct in character; and are, generally, feelings of weakness, apathy and lassitude; sometimes, however, they are more distinct, occurring as burning, sticking, or cutting pains—especially in the loins (corresponding to the liver and sexual system).

2. *Vascular System. a.*—Participates slightly in the effects of Sepia, except in the easily provoked orgasms of blood to the head and chest. The symptoms, chiefly unimportant and secondary.

b. Vascular energy is diminished—so, consequently is the thermogenesis. Subjective and objective venosity; passive congestions, perspiration; palpitation, pulsations felt over the whole body. These occur, but may well be regarded as phenomena belonging to the nervous, rather than to the vascular system.

3. *Secretive System.*—Only in so far generally affected, as that

the secretions and excretions present an abnormal character, having a tendency to become sour and foul. They are sometimes increased, sometimes diminished. The increase of perspiration is most marked.

4. *Respiratory System*.—A tendency to furnish a counterpoise to the general condition; hence, not unfrequently, a condition of irritation, catarrh with even bloody expectoration, cough, sometimes dry, sometimes moist—irritation of the pleura.

5. *Sexual System*.—The physiological connexion between uterus and mamma is here manifested by the emaciation and flaccidity of the mammæ, and the swelling and ulceration of the nipples.

CHARACTERISTICS.

1. The *pains* are dull; pain like paralysis is predominant. *Amelioration* from *warmth* and *violent motion*. *Aggravation* by *repose* and at *night*.

2. A peculiar cachectic aspect; enfeebling of the vegetation. Predominant affections of the portal, hepatic and sexual systems. Especially applicable to females. Generally menstruation scanty, suppressed, or precocious.

APPLICATION.

A. GENERAL. 1. *Age*.—Sepia is especially adapted to affections occurring at the climacteric period, in women who were formerly excitable; after long-continued depressing mental affections, or great bodily or mental labor.

2. *Aspect*.—An unmistakeable aspect; a peculiar yellowish puffy complexion, rather fat. The tissues are soft and flaccid; they easily and quickly collapse and soon recover.

3. *Temperament*.—Good-natured, yet easily excitable.

4. The affections complained of are not violent, often disappearing altogether, and are concentrated in the digestive and sexual spheres. A special indication, in addition to the above, is a very slight acrid and excoriating discharge exgenitalibus.

5. Although especially adapted to females, Sepia is also applicable, *variatis variandis*, to the male sex, especially to woman-like, soft-tissued men, who were formerly of a fiery temperament, but have settled down into a sedentary, meditative mode of life.

B. SPECIAL. 1. *Affections of the Digestive apparatus and the Liver*, indicate Sepia. *a.* By sour and putrid formations, manifested by eructations and habitual flatulence, and disturbed digestion. Inveterate subacute pyrosis (in acute, not appropriate—compare *Ipecac*, &c). Pains in the stomach, and cramps of the stomach and intestines after eating.

b. Pains in the hepatic and iliac region, excited by touching those regions; hence applicable in corresponding affections of the liver generally; in *degeneration* of the liver and intestines, Sepia is applicable at most only in the beginning; later, *other* remedies come into play. (Ascites as secondary to hepatic affection.)

2. *Sexual System.* *a. Uterus.*—Chronic infarctus; induration. Acrid discharge; laxity of the neighboring parts; blennorrhœa, prolapsus. Amenorrhœa, and dysmenorrhœa (menses being either too early or too late, and too weak). Sterility, abortion, displacement of the uterus. Mucous polypus.

b. Male Sex.—Increase of sexual instinct, and at the same time loss of sexual power. Erethism (in both sexes); hence, frequent nocturnal pollutions, followed by great exhaustion. Chronic, very profuse, corrosive gonorrhœa.

3. *Nervous Affections.*—Nervous affection of the abdominal organs and uterus, hence melancholia and actual hysteria, megrim easily induced. Nervous toothache during pregnancy and at the climacteric period. Irritatio spinalis; and in consequence paralysis of the lower part of the trunk.

4. *Cutaneous Affections.*—Herpes circinatus; stinking perspiration of the feet (not stinking, Bryonia). Psoriasis.

5. *Affections of Eyes, Ears, and Nose.*—(As far as the vascular system is concerned). Chronic ophthalmia, with acrid secretion (abdominal ophthalmia according to Professor Rosas, of Vienna), and yellow sclerotica. Deafness, in affections of the liver and abdominal organs. In *Ozæna*, a *very* important remedy. Ulceration and eruption about the mouth, with simultaneous disturbance of the digestion.

6. *Excretions.*—Constipation with much tenesmus. Diarrhœa mucous, stinking cold sweat of the extremities.

7. *Thoracic Affections.*—Tuberculosis. Affections of the heart depending on abdominal disease. Palpitation. Intermittent fever, cold predominating. Ulceration of the feet. Varices.

ACUTE CATARRH.

BY DRS. WURMB AND KASPAR.

(Translated from the *Homœopatisch-Klinische Studien*, by Henry C. Preston, M.D.)

THAT condition of irritation of the mucous membrane of the air-passages known by the name of "Acute Catarrh," occurs in extremely different degrees of severity, either as a distinct affection, or as a concomitant of very many other diseases. We here speak exclusively of the acute form; chronic catarrh will be noticed hereafter.

During the year 1850, we treated 73 cases of acute catarrh, 16 in males, 57 in females. The spring and autumn furnished the greatest number of cases, of which the majority were young persons.

It is well known that acute catarrh, however high its degree of development, or in whatever part of the mucous membrane it has its principal seat, becomes only by way of exception a dangerous disease; and it is equally well known that the Allopathic mode of treatment avails nothing in these cases, otherwise the old adage were not so common, "that catarrh without the use of medicine continues six weeks, with the use of medicine six weeks and a day."

The Homœopath is not thus reproached, for, as experience teaches, he is able to cure acute catarrh, not in the course of several weeks, but generally in a few days, and hence this insignificant form of disease presents a fine opportunity of demonstrating the superiority of our infinitesimals administered according to the law of similars, over the old (so-called) method of cure.

During the year we have had many patients under our care, who perceived an improvement in their condition almost immediately after taking medicine, and who were relieved of catarrh in from three to five days, and on the sixth, at the longest the eighth day, were discharged cured.

According to our observation, this short space of time sufficed for the cure, not merely of slight catarrhs and those of recent origin, but also of cases that had been under other treatment several weeks before we saw them, and of so violent and inflammatory a character, that our predecessor, fearing inflammation of the lungs, had among other things resorted to copious venesections. The

same may be said even of those cases, where not only the entire mucous membrane of the air-passages was involved, but also where the stomach and bowels were sympathetically affected. In a word, the duration of this disease seldom exceeded the number of days above-mentioned, and where it did we always had sufficient evidence that the catarrh was not a primary but a secondary affection, for the most part dependent upon tubercular disease. An exception also occurred in chlorotic girls, such cases requiring a longer time for their cure.

In our 73 cases we met with almost all the varieties of this disease. We divide them into two principal groups, viz. :

a. Those occurring without an accompanying fever, or at least attended with fever-symptoms only at the commencement of the attack.

b. Those in which inflammation was the most prominent symptom. Of the first group,—that is of catarrh free from fever, we treated 13 cases ; the disease had its seat

4 times in the main bronchia alone ;

2 “ “ larynx alone ;

3 “ “ trachea and larger bronchia simultaneously ;

2 “ “ larynx, trachea, and bronchia, “

2 “ “ entire mucous membrane : that is, commencing at the frontal sinus and the nose, and extending down to the minutest ramifications of the bronchia.

Catarrh accompanied with fever occurred 60 times, and had its seat,

38 times in the bronchia alone ;

3 “ “ larynx alone ;

10 “ “ entire tract of the respiratory mucous membrane ;

1 “ “ entire tract of the respiratory mucous membrane, and at the same time in the mucous membrane of the frontal sinus, and of the eyes ;

8 “ “ entire tract of the respiratory mucous membrane, and at the same time in the mucous membrane of the stomach and intestinal canal.

As in the treatment of acute catarrh, the morbid condition of the mucous membrane deserves the most particular regard, we should use such remedies as have a strict Homœopathic relation to the mucous membranes generally, to those of the organs of respiration in particular. Their number is very large; we gave mostly *Nux vomica*, *Pulsatilla*, *Bryonia*, *Aconite* and *Phosphorus*.

The particular indications, which led us to the selection of the one or the other of these remedies, are the following:

NUX VOMICA.

That this remedy had a decided action upon the mucous membranes generally, particularly that of the respiratory organs, but pre-eminently upon that of the nose, the larynx, and the main bronchia; and that it causes a condition of irritation similar to the disease under consideration, is evident from the merest glance at the *Materia Medica Pura* of Hahnemann. Hence its applicability in catarrhs in general, and a close examination of the register of symptoms will show that the *Nux vomica* catarrh is not of a very high degree, that it is characterized by an entire absence of fever, or at least that the fever exists in a very moderate degree.

The catarrh in which *Nux* is indicated, therefore, is distinguished from many others by a diminished secretion of mucus, or by its entire suppression; hence the cough is altogether or principally a dry one; expectoration is, of course, entirely wanting, or very slight, and is accomplished only with difficulty; auscultation reveals but slight deviations from the normal respiratory murmurs, with the exception of a roughness and sharpness corresponding to the dryness of the mucous membrane.

These are some of the useful, but by no means entirely certain indications for the choice of *Nux* in catarrhs, because there are other remedies which also produce a similar condition of irritation in the mucous membrane of the air-passages. But, notwithstanding this similarity, the certain indication for *Nux* is not in most cases particularly difficult, for, besides the catarrhal, other symptoms are usually present, which deserve consideration in the choice of a remedy. Thus, for example, the circumstance, that *Nux* acts in so decisive and remarkable a manner upon the brain and medulla spinalis, and upon the nerves issuing from them, in short, upon the entire nervous system, is of great weight, because it authorizes the

supposition that this remedy will prove very beneficial, also in the diseases of the trachea, and its connecting tissues, which are so very abundantly supplied with nerves. Now as *Nux vomica*, by virtue of its effect upon the nervous system, produces, on the one hand, a condition of increased susceptibility to irritation, and on the other hand, an abnormal function of motion, as well in the voluntary as in the involuntary muscles, we can well conceive why we are authorized in considering the following symptoms accompanying catarrh as characteristic of *Nux*; the paroxysms of cough are excited by the most trifling occasions, are very annoying and their violence is entirely disproportionate to the irritation of the mucous membrane, which, as we have said before, is not of a very high grade; they sometimes continue for a very long time, and affect not only the entire muscular apparatus of the respiratory organs, but also all the contiguous organs, and frequently occasion nausea and retching and even actual vomiting. Should these symptoms of *Nux vomica* catarrh, in connexion with the former, still leave a doubt remaining with regard to the applicability of our remedy, the almost always concomitant symptoms, denoting a complication of the digestive organs (on the supposition that they correspond to *Nux* in similarity), should remove all doubt and hesitation.

From what has been said it may be seen why we could prescribe no other remedy than *Nux* in the following cases, and why its use necessarily had so favorable a result.

Charlotte Francisca, a woman, æt. 30, previously healthy, menstruation regular, had been suffering four days with cough, hoarseness, burning pain in the chest, and slight symptoms of fever, sometimes chilly and then succeeded by flushes of heat; to these were added since yesterday, stitches in the side.

Her condition when received, June 1st, was as follows: body strongly built and well developed; skin slightly browned; edges of the nose somewhat reddened; the tongue moist and thinly coated; Schneiderian membrane a little red; chest normal; auscultation reveals rough breathing, and sometimes a vesicular, weak rattling in the apex of the lungs; the voice is rough, deep-toned, and sometimes fails; the paroxysms of cough occur frequently, and continue sometimes longer, sometimes shorter periods; during which the face becomes bluish-red, and the countenance assumes an

anxious expression, and the patient is obliged to stretch the neck anteriorly; no expectoration; pulse 76 per minute; no stool for four days; urine deposits a slight whitish sediment.

She complains of a violent frontal headache, of a burning character, which extends to the eyes; sometimes of a sensation of dryness in the eyes; sometimes of a sensation as if a veil was drawn over the eyes; moreover of a dryness of the nose and throat; of a tickling or burning along the trachea extending to the sternum; during and after the cough she feels stitches in the chest and sides. No appetite, thirst increased; sensation of weight and pressure in the epigastric region; sometimes low-spirited.

Prescribed *Nux Vomica*. Soon, in fact almost immediately after its use, the patient perceived an improvement, and by the second day complained of no unpleasant symptoms. On the fourth day all traces of irritation of the mucous membrane had disappeared, and on the following day she was discharged entirely cured.

J. Johann, æt. 22, journeyman blacksmith, suffered in early life with scrofula, which still left evident traces of it behind. The present affection had existed two weeks, but had become very much worse during the last four days, in which he also had felt slight feverish symptoms.

The form of disease at his admission, April 10th, was as follows: body vigorous, well developed; temperature moderately increased; the tongue coated white; chest well formed; breathing a little rough; the voice hoarse; cough occurs by paroxysms, is hollow and dry; only occasionally a small quantity of viscid, whitish mucus is expectorated, but more by hawking than coughing; pulse eighty; no stool for three days; headache, particularly in the forehead; agglutination of the eyes; pressive pain in the eyes; dryness in the nose; burning on the end of the nose; constant, bad smell; clammy taste in the mouth; itching in the throat and neck, particularly during and after speaking; increased thirst; loss of appetite and disgust for food; disposition to vomit sometimes after coughing; sensation of weight upon the chest; burning under the sternum.

Prescribed *Nux*. The next day all these symptoms had disappeared, with exception of headache and cough, which yet continued

only more seldom, and resulted in the expectoration of thick mucus. The pulse sunk to sixty-eight. On the fifth day there remained only a little headache; after two days more this also disappeared, and with it the last vestige of the pre-existing disease.

PULSATILLA.

A very great number of the Pulsatilla symptoms, stated in Hahnemann's *Materia Medica*, must be ascribed to the abnormal changes which this remedy occasions in all the mucous membranes without exception. If we examine these symptoms more closely, we shall soon perceive that they divide into two groups, viz., into such as only give evidence that Pulsatilla generally produces a condition of catarrhal irritation, and into those which give information with regard to the peculiar characteristics of this catarrh. As our object here is to ascertain the particular therapeutic indications, only the symptoms of the second group are of interest to us, and of these again, only those which refer to the peculiarities of the Pulsatilla catarrh, and which inform us how to distinguish these from the catarrhs produced by other remedies.

In order to render the peculiar characteristics of the Pulsatilla catarrh more perceptible and more accessible to the memory, we think best to insert the following explanations.

Pulsatilla operates directly upon the blood, changing its constitution, and putting it in a condition similar to that of chlorosis. As the serous blood crasis on the one hand does not favor the development of a high degree of irritation in the mucous membranes, whilst on the other hand it furnishes a powerful impetus to the secretive function of the same, and stamps its peculiar impress upon their products, so we see why the Pulsatilla catarrh must have the following characteristic peculiarities: the catarrhal irritation is a moderate one; the mucous membrane exhibits not an extreme but an obscure redness, corresponding to the serous quality of the blood; the mucous membrane is intensely tumefied, and varicose swellings of the veins may be seen in it; the secretion of mucus is augmented; the mucus is much more watery, and is usually expectorated by the cough, without particular exertion. All these symptoms, however, acquire a great importance only when the mucous membrane is involved to a considerable extent, when also the smaller bronchia are sympathetically affected, and

therefore a more delicate or more harsh, but an always invariable rattling murmur is detected by auscultation.

By adopting a serous crisis, we may explain why in the *Pulsatilla catarrh* a violent, primary excitement in the vascular system does not easily occur, and why, when it does sometimes happen, it almost always passes away soon, and readily changes its locality. In this form of catarrh, therefore, the fever is entirely wanting, or it is only a weak, erethic feverishness, with predominant chilliness, and a rapid but soft pulse, or there is actual fever, but not fully developed, because an important characteristic of the same, namely the thirst, is often wanting, and the heat also is usually unperceived, except as the consequence of a paroxysm of coughing. This fever is likewise always remittent, and its exacerbations always take place in the evening or at night, therefore at a daily period most of the symptoms of this form of fever are usually aggravated.

Now although these characteristics corresponding to the degeneration of the blood demand the first and most particular regard, still if we would form a perfect idea of the *Pulsatilla catarrh* we should not neglect those characteristics of augmentation of nervous activity and of an increased susceptibility to irritation which are pathogenetically determined. To these belong nocturnal dry cough, which is checked by sitting up in bed, but returns upon lying down again; coughing until out of breath; cough with nausea and vomiting.

These, as the provings of Hahnemann teach, are the characteristics of *Pulsatilla catarrh*: thus he considered it, and so must we consider the naturally occurring catarrh, in order that it may have its proper Homœopathic specific in *Pulsatilla*. Such catarrhs happen very frequently, and among our cases we prescribed no remedy so often as *Pulsatilla*, *Aconite* excepted. As the indications of its applicability, so to speak, are very evident, it is easy to avoid mistakes in the choice of the remedy, and almost impossible if, besides the mucous membrane of the air passages, other membranes, perhaps that of the intestinal canal, are also affected: because in this case other symptoms, as, for instance, watery, mucous diarrhœic stools, &c., also furnish many indications for the use of *Pulsatilla*.

O. Cacilia, æt. 19, four years previous to her admission, had

suffered with an intermittent fever, which lasted six weeks. Her catamenia usually appeared too late, and only by way of exception at the right time, or too early. For three or four weeks she had suffered a violent pain under the sternum, with cough: after a few days lancinating pains in the top of the head; pains in the loins; loss of appetite; and general malaise. All these symptoms had increased in severity for the last eight days, and the following were added: flashes of heat; feeling of exhaustion and debility; disturbed sleep; hoarseness, which rendered speaking very troublesome, and caused a sensation as if a ball were stuck in the throat.

On the 29th of August she came to our Institution with the following form of disease: body tolerably vigorous; skin white, soft, and moist; cheeks slightly reddened; temperature of the skin normal, only at times increased, and then particularly in the face, when the cheeks became livid red; the mucous membranes are pale; the tongue coated white; the voice hoarse; cough frequent, but paroxysms short; great rattling of mucus; pulse 100; stool irregular.

She complained of a weight and fulness of the head; lancinating pains in the vertex; sensation of dryness in the mouth and throat; feeling of roughness in the larynx; pressive pain under the sternum, and slight stitches in both sides of the chest when coughing; loss of appetite; feeling of weight in the stomach, eructations, and sleeplessness. The abdomen somewhat sensitive to pressure; alternate flashes of heat and chills; no thirst.

Gave Puls. Aug. 31.—No change in the condition of the patient. Sept. 1.—The paroxysms of fever have disappeared, the feeling of general malaise, and the chest symptoms, with exception of an occasional cough, and the hoarseness. Sept. 2.—Has still a slight sensibility of the abdomen to pressure. Sept. 3.—Health perfectly restored, so that the patient was discharged cured the next day.

E. Franz, æt. 9, had often suffered from catarrh. For the last fourteen days had hoarseness and frequent cough, particularly troublesome the last two days; in the evening alternate heat and chills.

At his admission on the 25th February, we found him in the following condition: weak body; skin pale, soft, moist; tongue a little coated and moist; voice hoarse; rattling in the larynx

during respiration; violent cough; percussion reveals nothing; auscultation a weak rattling noise in the upper parts of the chest, and rough breathing in the lower; pulse 90; the expectoration partly serous, partly mixed with single thick pieces of yellowish green mucus.

The patient complained of great debility, loss of appetite, frequent flashes of heat, and a feeling of dryness and roughness in the throat and chest. He took Pulsatilla.

The next day the cough was less frequent, and looser, the voice less hoarse, and the rattling in the larynx gone.

On the 28th February there remained only a slight hoarseness, and on the 8th day the patient was discharged, cured.

BRYONIA.

Notwithstanding this remedy is not quite so often used in diseases of the mucous membranes as in those of the serous and fibrous structures, still in the former it is always a very important remedy, because its sphere of action in pathological conditions of the membranes must be very extensive for this reason alone, that it exercises so powerful an influence upon the processes of secretion and absorption, and the membranes, as is well known, belong to those organs by which these processes are for the most part effected.

The results of pathogenetic experiments demonstrate that Bryonia produces not a mere moderate irritation, but for the most part a violent inflammation in the mucous membrane of the respiratory organs. This circumstance is of great importance, not only because it confirms the opinion that Bryonia is of essential service in catarrhs of a high grade, but because it offers a good point of support in the choice of a remedy. Experience teaches, namely, that on the one hand, violent catarrhs almost always sympathetically involve the pleura, and hence arises pleurisy, and on the other hand it likewise teaches that lancinating pains in the chest almost always yield to Bryonia in a very short time. We lay great stress upon the fact that in the Bryonia catarrh the secretion of mucus is diminished, because a great part of the following symptoms, which are usually adduced as immediate therapeutic indications, are thereby explained and fixed in the memory; these are: hoarseness, irritating cough, occurring principally in the morning and

evening, usually dry, or attended with the expectoration of only a little tough, viscid mucus sometimes streaked with blood, which many times by its violence occasions nausea and even actual vomiting. As constant accompaniments of Bryonia we mention cough; lancinating pains in the neck and chest, and pressive pains in the head.

In very extensive catarrhs of a violent grade, but particularly when the smaller bronchia are affected, there is manifested, in consequence of interruption of the process of sanguification, a condition which in former times (when it was thought that one disease could as easily as possible pass over into another) was designated by the expression "nervous condition." In such cases Bryonia is often rightly indicated.

A. Elizabeth; æt. 30; menstruated regularly; always healthy with exception of an intermittent fever with which she was attacked last year; had suffered for eight days with a violent cough, to which was added yesterday a very painful pleurisy; during the whole week was troubled with frequent chills, sometimes followed by flashes of heat.

Condition at the time of admission, November 2: body well formed, though lean; temperature elevated, particularly in the cheeks; the face very red; tongue coated and dry; auscultation reveals slight mucous râle; expiration is rendered difficult; respiratory murmur indistinct in the upper part of the right lung; frequent cough; no expectoration; pulse 88; no stool for three days.

The patient complained of great debility and prostration; vertigo and fulness of the head, with confusion of ideas; sleeplessness with inclination to sleep; alternate chills and heat; increased thirst; dryness of the mouth and throat with sensation as if a lump in the throat; violent burning in the throat when coughing and under the sternum; stitches in both sides of the chest and in the hypochondriac region; feeling of emptiness of the stomach.

The patient took Aconite; (an unjustifiable mistake in the choice of the remedy). Second day no change.

On the morning of the 3d day the cough was somewhat lessened, the expectoration easier, and the general condition better. After dinner however an aggravation of all the symptoms suddenly set in; the patient complained principally of violent pleuritic pain under the false ribs, which was very severe during respiration and

which shortened and accelerated the breathing; the face is hot and intensely red; pulse 100. We ordered Bryonia.

On the following day all the symptoms had disappeared, except the catarrhal cough occasionally and a slight mucous râle.

Two days after taking Bryonia there was nothing of the catarrh left except a little rough breathing.

On the following day perfectly well.

ACONITE.

The fever accompanying acute catarrh is very often similar to that which Aconite is capable of producing. If it is so violent as to demand more particular attention than the local affection, we cannot for a moment entertain a doubt as to the choice of the remedy, even though the inflammation of the membrane itself does not call for the use of Aconite. In acute catarrh we have found no remedy so often indicated as Aconite. After its use the paroxysms of fever soon ceased, for the most part on the second day, and the catarrhal symptoms in no case continued longer than three, or at most four or five days. We hardly need to mention, that catarrhs, in which Aconite is the only or at least the principal remedy, cannot be of a very high grade, but only those in which the concomitant symptoms are of even more importance than the actual disease itself.

PHOSPHORUS.

In the violent acute catarrhs of dyscrasic, but particularly of tuberculous patients, Phosphorus is one of our most prominent remedies. The immediate therapeutic indications, which determine us to its selection, we shall point out in detail, when we come to speak of the homœopathic treatment of Pneumonia.

K. Joseph, a butcher, æt. 22, when a child was troubled with scrofula, and subsequently with pains in the joints of the lower extremities, which lasted thirty-two weeks; since then he has frequently been subject to boils and ulcers upon the skin. In the course of the last year he was twice sick with violent coughs and accompanying fever. Two days since, on the 1st of February, after a violent exertion, the following symptoms appeared: severe chills, headache, lassitude and cough. The next day the cough in-

creased so as almost to deprive him of breath; and he was exhausted in a high degree.

His condition at admission: Temperature of the whole body elevated; skin a little yellow; tongue coated and dry; chest well formed; breathing everywhere very rough; respiration audible, but posteriorly, indistinct in the upper portion of right lung; in the lower and posterior portion of the same lung vesicular râle; frequent paroxysms of wheezing and coughing; expectoration scanty, viscid, somewhat bloody; respiration anxious, accelerated after every violent cough; pulse 100. The patient is anxious and uneasy, so that he frequently gets out of the bed.

He complains of great exhaustion; fulness of the head and vertigo; frequent flashes of heat; but particularly of the heat of his head and face; dryness of the mouth; extreme thirst; pressure upon the chest and part of the time want of breath in coughing or taking a long breath he experiences painful stitches through the night, pleura; the gastric region is painful to the touch; sleeplessness with inclination to sleep; part of the time lying in a stupid condition. We gave Phosphor.

On the following day there was considerable improvement, particularly in reference to the subjective symptoms; the rattling also was less loud. On the third day he coughed only occasionally; expectoration was less tough, although a little streaked with blood; sleep good; pulse seventy.

On the fourth day, all traces of blood in the expectoration had disappeared; the mucous râle very faint. On the sixth day, occasional cough with expectoration of mucus; he now complains only of debility, and the lancinating pains in the right side. On account of the latter we gave Bryonia.

On the eighth day, the patient still feels weak, but otherwise entirely well.

On the tenth day he was discharged cured.

It is hardly necessary to mention, that the form of catarrh, in the case above related, had reached so high a degree that it could be distinguished from a violent inflammation of the lungs only by the physical signs. Such catarrhs, which the French physicians call bronchitis capillaris, occur very often when the epidemic grippe prevails, but otherwise only seldom. They are usually connected with an intense rush of blood to the head and chest; the

vital forces are depressed ; the activity of the sensorium is checked ; the process of sanguification is incomplete, and not unfrequently cyanosis commences, particularly of the face ; the dyspnœa is often increased to a great degree ; the patients are very restless and anxious, &c., in short, we see the whole collective brotherhood of symptoms, which so universally accompany similar disturbances of the circulation, of sanguification, and of nervous function ; but which in the Phosphorus disease are not very permanent.

Our ideas of catarrh are very extensible, and may be applied to an immense number of conditions extremely different in their nature. The great extent of the mucous membranes, the importance of their functions, their great sensibility, &c., cause them to be sympathetically affected in almost all general or violent diseases. What obtains with regard to the naturally occurring diseases, must also obtain with regard to the artificial—the medicinal diseases ; and this is the reason, why in our *Materia Medica* there is not a single remedy, which has not produced symptoms similar to the catarrhal. The remedies which we have used most generally and to which we give preference are very few in number. We have preferred them to others, because they have seemed to us more indicated, but not because we consider them as absolute specifics, which they are not and cannot be. Whether we shall hereafter prescribe them as frequently as we have done, we cannot, of course, tell decidedly, but we certainly presume so, as, until the present time at least, the forms of catarrh corresponding to them have been the most numerous that have come under our treatment.

The following isolated, but not entirely uninteresting cases, we think ought not to be passed over in silence, although, strictly speaking, they do not belong here.

LARYNGITIS SUBMUCOSA.

J. Braniska, æt. 17, well formed and developed, was taken sick yesterday, the 14th of August, with violent pain in the throat, which made deglutition very difficult, accompanied with great uneasiness, general heat and great thirst. This morning the dyspnœa was very much increased, respiration often becoming suddenly impossible, talking occasions violent pain.

Present condition.—The temperature of the whole body, but particularly of the head, is very much increased ; face intensely red ;

eyes sparkling; carotids swollen; tonsils, velum palati, and uvula very red, although only slightly swelled; voice hollow, nasal, sometimes giving out; very frequent hawking; occasionally a short, feeble, peculiarly ringing cough; pulse 108; auscultation reveals nothing but a weak respiratory murmur.

She complains of general heat, particularly of the head; pains in the fauces and larynx during deglutition; pains in the larynx from speaking and coughing; sensation of pressure on the chest, and a feeling as if the air passages were sometimes closed in breathing; intense thirst; great restlessness; feeling of the throat caused violent pains in the larynx and trachea.

All these symptoms placed it beyond a doubt, that in this case we had to deal not with a simple catarrhal irritation, but with an inflammation of the submucous structures, and that the epiglottis, the mucous membrane of the larynx, and also that of the trachea, were involved in the inflammatory process. We prescribed *Belladonna*. The relation of this remedy to the tissues of the throat is so well known, that we consider it superfluous to state the reasons which determined us to its choice. Even during the night, the inflammatory symptoms were diminished; the next morning a copious expectoration set in. During the day the swelling of the fauces had almost entirely disappeared; the dyspnoea ceased; the pulse became quiet; the patient was delighted with her improvement. There still remained almost complete aphonia, for which she was ordered *Carbo Vegetabilis*. On the fourth day, the patient seemed entirely well, and was discharged cured on the fifth.

That *Belladonna* very rapidly removed this severe and dangerous disease is certain; but whether the rapid disappearance of the aphonia may be ascribed to the *Carbo veg.*, or not, we will neither deny nor assert.

LARYNGITIS EXSUDATORIA.

CASE I.—An unmarried woman, æt. 24, was taken sick in July, with a violent cholera; she was brought to our Hospital, and discharged cured, but returned after three days, with the following symptoms: Face bluish-red, somewhat bloated, anxious, distorted, eyes slightly reddened; temperature elevated, but in the extremities diminished; tongue clean, moist; tonsils, palate and uvula somewhat swelled and intensely red; respiration very quick

and short ; in deep inspiration a whistling noise in the larynx, and depression of the intercostal spaces ; auscultation reveals nothing but feeble vesicular breathing ; occasionally, sudden, asthmatic paroxysms of cough, which ended with a protracted whistling inspiration ; hence distress for breath, anxiety and lividity of countenance ; unable to speak except in a whisper ; pulse weak, 100.

The patient complained of violent, constrictive pain in deglutition ; pain in the throat from coughing and speaking ; sensibility of the larynx to contact ; sudden, entire loss of breath ; constant anxiety ; intense heat and feeling of exhaustion. The symptoms are very much aggravated paroxysmally, and then often attain a fearful degree of violence.

Considering the case one of inflammatory irritation and swelling of the mucous membrane of the throat, we gave Belladonna, by which some of the symptoms were actually mitigated. The disease as a whole, however, remained about the same, in fact, the dyspnœa became more troublesome and distressing. We therefore examined the patient again, and found a thin, whitish exudation covering all parts of the fauces, and at once arrived at the conclusion that we were treating diphtheritis after cholera. The patient took Spongia every half-hour. During the next four hours, had three paroxysms of cough, and expectorated some pieces of membrane ; she went to sleep, and awoke on the following morning with a very common, but obstinate catarrh, which only disappeared fourteen days after.

CASE II.—A boy, æt. 4 years, was affected as follows : restlessness ; heat ; difficult deglutition ; paroxysms of coughing of a peculiar kind ; great dyspnœa and anxiety. In the morning he had had several very severe paroxysms of coughing, which threatened suffocation. In the afternoon, the time of his admission, we found the following form of disease : Body well developed ; temperature very much elevated ; face pale ; fauces reddened, slightly swollen, and covered, in their entire extent, with a more or less thin grayish-white membrane ; breathing quick, anxious, and sometimes labored ; deep inspiration attended with a wheezing sound ; auscultation shows only weak vesicular breathing ; occasionally he has paroxysms of violent hollow-sounding cough, which last a long time and terminate with whistling inspiration ; during the coughing the face becomes bluish and bloated, and expresses

the greatest anguish; pulse 120; the child sits continually holding and supporting his head with his hands. Therapeia, Aconite, and Spongia alternately every half hour. By evening we could perceive an improvement; the paroxysms of cough had appeared only twice, were less violent, and not attended with such great dyspnoea; expectorated membranous shreds of a croupy exudation. On the following day no trace of croup was to be seen; but there appeared upon the skin very many small red spots, which were recognised as measles, and which run their course as usual.

In both cases there was genuine, severe croup; their remarkably rapid course and fortunate termination must be considered as due to the remedy prescribed in accordance with the law of similars, because true croup is always a very dangerous disease, never disappears so soon under Allopathic treatment, and even when it progresses favorably, has generally a very different course.

We regret we cannot adduce many similar observations, because croup, on the one hand, is a disease, which, on account of its violent and dangerous character, is often used as an indication of the superiority of a method of cure, and on the other hand, because there are not many diseases with regard to which there is such a confusion of opinions. The number of physicians is not inconsiderable who consider as croup every high degree of catarrh of the air-passages, where the secretion of mucus is diminished or suppressed, and where in consequence the cough has a ringing sound, or is connected with dyspnoea, &c., and who delude themselves with the belief that they have cured this disease by their remedy, or their peculiar method, whilst actually they were treating an apparently dangerous, it is true, but still almost always an intrinsically harmless laryngeal catarrh, which would have terminated just as favorably without any of their assistance.

PHYSIOLOGY OF THE HUMAN SKIN.

BY A. E. SMALL, M.D.

IN considering the processes of organic life, and the constant changes taking place in the system to promote a suitable condition

of the blood, that it may serve for the nutrition of the body, it becomes necessary to observe and understand the nature of the physiological uses of the skin. Without directing the attention particularly to this organ as a sensitive integument connected with the sense of touch, it serves for other and important purposes in the preservation of the vital economy.

1st. It serves for an external covering for the protection of the deeper tissues.

2d. It serves an important office in absorption.

3d. It becomes essentially necessary to the maintenance of life, by reason of its excretory function. In order to understand better the general and specific offices of the skin, it is first necessary to consider its peculiar structure.

The skin principally consists of the derma and cuticle. The former is a peculiar layer of vascular tissue, called the *corium*, *derma*, or *cutis vera*, and the latter is its external covering of epithelium, termed the epidermis or cuticle. The *cutis vera* and epidermis have each a distinct function to perform with reference to the general health of all the organs of the body. The uses of the epidermis are threefold: the first and principal use is to protect the more delicate parts that lie immediately beneath it; the second is to prevent the too rapid dissipation of the caloric of the system; and the third is with reference to secretion,—although it is evident that, as a secreting organ, the epidermis is of little importance. Mr. Rainey, in his paper on the skin, divides the epidermis into two layers,—the superficial and deeper layer, the former being the cuticle, and the latter the *rete mucosum* of other authors. The *rete mucosum*, or *deep layer* of the epidermis rests on the basement membrane covering the papillæ, and fills up the grooves between them. This layer is composed of nucleated cells in different stages of development, those below being very small, those in the centre more perfectly developed, and those above approaching the condition of epidermic scales.

The superficial layer or cuticle extends from a little beyond the apices of the papillæ to the surface, and consists of flattened cells, which have become converted into scales.

It has been further observed by Mr. Rainey, that no true ducts from the sudoriparous glands exist in either layer of the epidermis, the passage being a spiral one through the epidermic cells and

scales. The uses of the derma or cutis vera appear to be much more diversified than those of the epidermis, and on this account its structure varies considerably from it. It is the seat of a vast number of minute bodies, some of which are imbedded within its structure and some beneath it. These little bodies are endowed with special functions, some of which are called into constant requisition to aid in maintaining the requisite temperature of the body,—these are termed the *sudoriparous glands*. Some furnish a peculiar secretion appropriated to the growth of the hair,—these are termed the hair follicles; and some secrete a peculiar fatty matter, which serves to promote the suppleness and moistness of the skin, as well as to protect it from the long-continued action of moisture, and these are termed the *sebaceous follicles*, while on the surface of the cutis are *sensitive papillæ*.

The corium, or true skin, rests upon a layer of adipose and areolar tissue of varying thickness, and is a tough and dense, though yielding and elastic structure, composed of fasciculi of fibro-cellular tissue, interwoven in all directions, crossing and interlacing, so as to form minute interstices or areolæ. In the deeper layers of the cutis, these areolæ are large, and usually filled with adipose matter; but in the superficial layers they either exist of very minute size or are entirely absent.

The papillæ of the corium are observed to be cylindrical elevations more prominently and densely set at some parts than at others, as, for instance, on the palmar and plantar surfaces, they are set in double rows in parallel curved lines, separated from each other by depressions, which may be easily seen, each raised line bearing a double row of papillæ, intersected, it will be perceived, by short transverse lines, or furrows, corresponding with the interspaces between the successive pairs of the papillæ.

These papillæ constitute the skin a sensitive, tactile organ, and they may be found wherever the integument exists, more numerous, however, in some parts than others. In the middle of the transverse furrows that separate the pairs of the papillæ, and irregularly scattered between the bases of the papillæ generally, are the orifices of the *sudoriparous glands*.

These minute bodies, consisting of small lobular masses, exist, or are abundantly distributed, throughout the entire surface of the body, more numerous, however, upon the palmar and plantar sur-

faces, where, according to Wilson, they number nearly 3600 in every square inch. The important functions these glands serve may be partially conceived of, when we reflect that a cumbrous burthen of aqueous and gaseous materials would constantly accumulate in the blood, were it not for the excretory process constantly carried on by these little bodies, by which they effect the separation. It is probable, however, that there is a difference between what is secreted by the sudoriparous glands in different parts, for instance, the glands in the axillæ secrete a peculiar odorous matter, and form a complete layer under the cutis. But they are like the ordinary sudoriparous glands, only larger and having very short ducts.

As before remarked, the sudoriparous glands are not uniformly distributed over the body. Where they are distributed in the greatest numbers, perspiration is the most readily rendered sensible. In the neck and back, these glands are less numerous, amounting only to 417 to a square inch. Krause estimated the aggregate number of the sudoriparous glands throughout the body to be about two million and a half, and that the aggregate evaporating surface is equal to about eight square inches.

The skin secretes besides the perspiration, another secretion, somewhat of an oily appearance, and on this account it is furnished with another set of secreting organs to correspond; these special organs are termed the *sebaceous follicles*, and are abundantly distributed over most parts of the body. These, however, are not found so numerously distributed to the same parts, as the sudoriparous glands. On the palmar and plantar regions, where the sudoriparous glands are found to be the most numerously distributed, the sebaceous are not found at all, but on those portions of the integument the most copiously clothed with hair, they are found in the greatest abundance; they also exist very numerously in the integument of the forehead, face and nose, in the meatus auditorius externus, and for a certain distance up the anterior openings of the nares. Those which exist in situations naturally clothed with hair always open into the hair follicles, while those present in parts not covered with hair also open into follicles which cannot be called hair follicles, though, they so resemble the hair follicles in every particular except the absence of the hair that we may safely regard them essentially related. In some situations the sebaceous follicles are larger than in others, as for instance, around the nipple of

the female, while those of the prepuce are not only large, but secrete a solid and unctuous matter of a peculiar and penetrating odor.

As there are varieties of sebaceous matter, so there are a variety of classes of sebaceous follicles. Thus we may mention that the conformation of the ceruminous glands of the ear is typically distinct from all other sebaceous glands, inasmuch as they are distinctly tubular.

There are, however, certain characteristics in which all the sebaceous follicles agree, save, perhaps, the cerumen glands; and this is in the character of the secretion. All secrete a substance of a semi-solid nature, and the mode of its elimination and formation is the same.

The secretion of the sebaceous glands is formed within cells, like other secretions; the cells are very large, in which the secretion exists in the form of little spherical and shining particles of various sizes. These cells, when filled with the secreted matter, are thrown off without rupture from the glands, in which they have been formed, probably by the development of fresh cells behind them, so that, in general, the sebaceous secretion consists of an accumulation of such eliminated cells.

The sebaceous glands are minutely lobulated, and appear composed of an aggregate of small vesicles or sacculi, filled with opaque white substance, like soft ointment; and minute capillary vessels over-spread these glands, thus showing that they come in contact with the blood for the purpose of rendering important aid in the maintenance of the vital economy.

The remaining glands of the skin are the hair follicles into which the sebaceous glands open; these may fairly be reckoned among the secreting organs of the skin, since it is only at their lowest part that the material produced from their walls is appropriated to the growth of the hair. That the hair follicles produce in part the material by which the hairs and surface of the skin are anointed seems quite evident.

Such are the glands of the skin, concisely stated, that some idea may be formed of the aggregate structure of the skin, and the function it generally performs, as well as the particular offices it is made to serve. It will be seen that evaporation takes place upon its free surface, somewhat restrained and modified by the epidermis, which is composed of layers of tessellated epithelium cells.

One of the most-important of the general functions of the skin is the maintenance of a uniform temperature for the body. This is effected through a combination of circumstances with the fluids evaporating from the exposed surfaces of the body. The skin appears to be the tempering mediator between the internal temperature of the body, and the medium in which we live. When surrounded by a cold atmosphere, there is no diminution of the internal temperature, because there is little or no evaporation from the surface; but, under other circumstances, there is evaporation that takes up a sufficient amount of latent heat to preserve a uniform temperature of the surface, thus guarding the internal temperature of the body against sudden elevations or depressions. This evaporation, however, is much limited by the *epidermis*, which is composed of layers of tessellated or pavement epithelium cells.

On different portions of the skin, the thickness of the epidermis is directly proportioned to the friction, pressure, and other sources of injury to which it is liable. Another fact worthy of notice is, that the more the epidermis is subjected to injury or pressure in certain limits, the more it grows, and the thicker and more horny it becomes; for, as before remarked, its office is to protect the cutis from injury from without, as well as to limit the evaporation of fluid from the blood.

The importance of the skin as an *excretory organ* is yet to be considered, it being the seat of a twofold excretion, viz., that formed by the sebaceous glands and hair follicles, and the more watery fluid eliminated by the sudoriparous glands.

That which is secreted by the sebaceous and hair follicles as being so nearly allied in character, consists of cast-off epithelium-cells with nuclei and granules, together with an oily extractive matter, and stearine mixed in some parts also with odorous matter. The office of the sebaceous secretion appears to be to keep the skin moist and supple; its oily nature hinders the evaporation from the surface, and guards it against the continual action of moisture; but although it serves this important office, it becomes removed from the body, and must therefore be regarded as an excretion from the skin. The share this secretion has in purifying the blood cannot be known, yet it is fairly to be inferred that its excretion is necessary to promote the health of the system, and if, through the effects of disease, or other unfavorable circumstances, the ex-

cretion of the secretion is interrupted, it must result in disease of the whole system.

The sudoriparous glands secrete a watery fluid, which is constantly excreted from the system; this secretion being formed gradually, escapes by evaporation as fast as it reaches the surface. Violent exercise, or exposure to an elevated temperature, and, in some diseases, when the means of preventing evaporation is present, the secretion then becomes apparent. The former is termed *insensible perspiration*, and the latter *sensible perspiration*. The absolute nature of the perspired fluid can hardly be determined, on account of its constant admixture with other fluids on the surface of the skin, and also the exceedingly limited quantity we are ever able to collect, affords but an indifferent opportunity for analysis.

A few drops of perspiration taken from the palms of the hands, was analyzed by Krause. He found an acid reaction, oily matter, and margarine with water.

Everything that evaporates from the skin is termed in common parlance perspiration. The sweat includes all that may be collected in drops of fluid on the surface.

An analysis of drops of sweat collected from different parts of the body by various methods, has been attempted by Thenard, Berzelius, and others, and the result has shown the existence of lactic acid, chloride of sodium, Mur. Amm., Acetate of Ammonia, and Carbonic acid.

The quantity of water excreted from the skin has been carefully estimated by Lavoisier and Seguin. Without specifying the details of the experiments of either of these chemists, by which their estimate was made, the result may be stated as follows:

The average loss per minute by cutaneous and pulmonary exhalation is from seventeen to eighteen grains, the minimum eleven, and the maximum thirty-two grains.

That pulmonary exhalation throws off seven grains on the average per minute, thus showing that the average amount excreted every minute by the skin is eleven grains.

From this estimate it will be seen that nearly three pounds of watery vapor is exhaled through the skin every twenty-four hours; and Valentin found the whole quantity lost in twenty-four hours from exhalation by both the lungs and skin of a healthy man, consuming 40,000 grains of food and drink, to be 19,000 grains, or

3½ pounds; and from this estimate, after subtracting the amount thrown off by the lungs, it would appear that 2½ pounds may be set down as the average amount of cutaneous exhalation in twenty-four hours.

According to the estimate of Krause, that eight square inches only constituted the entire evaporating surface of the sudoriparous glands, it must appear evident that much of the watery exhalations from the skin is a simple transudation, for it is quite evident that 2½ pounds cannot be exhaled in a day from the evaporating surface of the sudoriparous glands: the greatest amount that can be evaporated from the surface of eight square inches in twenty-four hours is less than ten ounces. It will therefore be seen that the glandular secretion of the skin contributes only about one-sixth of the cutaneous exhalation.

The quantity of watery vapor lost by transpiration is of course governed by the different states of external temperature, and the states of the atmosphere, and it is impossible to make any definite estimate of the variations to which it is subject under the influence of these conditions.

With regard to the quantity of carbonic acid exhaled from the skin, it has not been possible to form an estimate, but certain it is that this forms one of the excretions of the skin. It has been ascertained that animals will soon die of asphyxia if a coat of impermeable varnish covers their skin;—their heart and lungs being gorged with blood, and their temperatures during life gradually falling many degrees below the ordinary standard. This result is fairly referable to the retention of the carbonic acid, for the retention of water alone would hardly be attended with this result, for it might be discharged through the internal surfaces, as the kidneys, &c.

The skin as an *absorbing organ*, can also be considered in a practical point of view. The process of absorption is sometimes rapidly accomplished by the skin. Mercury rubbed upon the cuticle, will exert its specific effect upon certain diseases, and excite salivation. Tart. emetic applied in the same way will produce vomiting. Arsenic used in the same manner will poison, and opium will produce somnolency. The effects of rubbing, is unquestionably to convey the particles to the orifices of the absorbent glands. The practical inferences deduced from what is already known of the skin, as

an absorbing organ, have led to the adoption of practices for the preservation and protection of health in a very great degree. Vaccination has been undoubtedly a blessing to mankind, and were it not for the absorbing power of the skin, the practice would be laid aside. It has of late been very satisfactorily ascertained that the skin will absorb both fluids and gases, by simply coming in contact with them.

The thirst has been assuaged by a warm bath, and it is even known, that hunger may be mitigated simply by bathing in milk and water. Beddoes says he saw the arm of a negro become pale for a short time, when immersed in chlorine, and Abernethy found that the volume of any gas would diminish, when he held his hands in it.

It will be apparent then from the foregoing, that the skin is of vast importance to the animal economy, and that every effort should be made to preserve it even if the defecation effected through the skin were thrown back upon the system, the most disastrous consequences would result to the same; if the body be surrounded by any unhealthy influences, of either a gaseous or a fluid character, the injury that might result could hardly be estimated. The necessity of frequent ablutions may be inferred from the known function of the skin; and the application of disorganizing agents, may always be regarded with a jealous eye, when viewed in the light of the physiological uses of the skin.

BIBLIOGRAPHY.

MY REVIEW OF THE COMPLETE REPERTORY OF C. HEMPEL, M.D., AND HIS ANSWERS.

EVERY book published is liable to review. It is to be supposed that the motives for reviewing a book are good, till the contrary is proved. If the reviewer is incompetent or unjust, neither the publisher nor the editor need care. The book will speak for itself. To decline reviewing a bad book, or to review a bad book favorably, because in either case the publisher might lose some money, would be a moral wrong.

My audacity to review the last fabrication under the title of a "*Complete Repertory*," brings the author out to answer said review, or rather pretending to answer. The author in his first reply gained for himself

an acknowledgment of his superiority in vulgarisms; his second reply was still more personal, more abusive, and more absurd, but not at all to the point, and shows him in the full enjoyment of his late earned honors. Whenever the profession is again insulted by said author, insulted in the shape of a fabrication, such fabrication will be reviewed. It does not follow that because former bad books were received silently, that a continuation of worse books, coming from the same source, should be received without any remark.

Wherefore all that ado about the ovarian chapter? My first remarks were very simple,—no ovaries, no menstruation, no conception, and therefore it is necessary to have an ovarian chapter in a complete Repertory. The quotation of Dr. Hering is out of place in the second reply. I did *not* wish to know only what remedies acted upon that very interesting organ; but I thought to find in a *Complete* Repertory a *complete* ovarian chapter, and in that chapter I thought to find in what *particular manner* the ovaries were affected by the different drugs. Does all the raving of the author bring that ovarian chapter into the *Complete* Repertory? No. Does all the author's raving make that famous milk chapter better? Does it mend the famous prolapsus chapter? and is there any other remedy given in that *Complete* Repertory for intermittent fever after its suppression by quinine but *arnica*? No. I am now adding one small query which I might do *ad infinitum* regarding that book, Is there any other remedies given for *warts*, save *Calcarea* and *Thuja*?

The author in his second reply says (when speaking of intermittent fever, where, had he a good cause, he would have shown where there is another remedy to be found in his book, save *Arnica* for intermittent fever, after its suppression with quinine), "Personally, I doubt the efficacy of *Pulsatilla*, *Ferrum*, *Lachesis* in genuine fever and ague."

Pulsatilla, *Ferrum*, and *Lachesis* do produce symptoms on the healthy very similar to those of genuine fever and ague, and, therefore, do cure such cases, which *every* homœopathic practitioner does know, save our book-maker. No better man but one who personally doubts what everybody else knows could be found to *make* our books; he is deserving of confidence, nay, of the enjoyment of monopoly.

The Symptomen-Codex has not yet been reviewed. I shall do that as soon as the author lets me have time for it, and says "enough" to the review of the *Complete*. A task it will be. The author's own notes are the most valuable part of the book: vide page 866, his note to *Ipecac*. When I first saw that note, I knew and expressed myself, that statement was a *mistake*. I afterwards learned that the patient did not stay cured any time at all, but consulted a more successful physician, who *cured* her. The author appeals to Dr. Hering's "valuable praise of this work in his

preface." Unlucky appeal that;—here the author leaps from the frying-pan into the fire,—better *that* preface had not been mentioned; or does the author think any one dull enough to write a review without knowing something of the literature of the subject on which he is writing? The review was written before the book was printed, was written in the German language, and the author translated it. But what a translation! The translation is full of omissions of whole sentences, full of wilful perversions, was so very bad that Dr. Hering published a verbal copy of the German original in the 23d and 24th number of the 40th volume of the "*Allegemeine Homœopathische Zeitung*," published in Leipzig, in February and March, 1851, published as in self-defence; *here our journals* were then in the hands of the *monopoly*, and there was no other remedy left to Dr. Hering but to deposit his original German in a journal on the other side of the water. It will be interesting to the owners of that book to augment it with a small note, a verbal translation of a note of Dr. Hering in his German edition of that preface. The note belongs to the 9th line from below of the 6th page of the preface to the *Symptomen-Codex*, and reads, "*After comparing the translation with the original, I SOLEMNLY WITHDRAW THIS,*" and there Dr. Hering had been praising the author's labor; but after comparing the originals with the translation he withdraws. Fine praise this! and a happy appeal.

Did Doctor Hull *recommend* your *Complete Repertory*? The book is *mentioned* in the *Quarterly*, a journal under the *control* of the publisher; it is mentioned, but not reviewed,—there it could not,—*monopoly* forbids.

Did Dr. Hering recommend the *Complete Repertory*? I think *not*. But if the book is so good, and my review so unjust, the enraged author and anxious publisher, better ask Dr. Hering to write a review; but if, as I think, that review would not be published in the *Quarterly*, I offer to have it printed myself.

My review and the book are left with the profession,—a profession indignant, because grievously insulted, tired of book-monopoly, tired of miserable fabrications. The profession will have better books, and I am happy to be able to inform them that ere long they will have them.

AD. LIPPE.

March 24, 1853.

DISCOVERY OF CURATIVES BY OBSERVATION. An Address delivered in the Assembly Chamber, Albany, before the Homœopathic Medical Society of the State of New York at its Annual Meeting, Feb. 8th, 1853. By B. F. JOSLIN, M.D., of New York. Pamphlet, pp. 24.

We have perused this address with a great deal of satisfaction. It seems to us to be a clear exposition of the scientific ground of Homœopathia. The learned author, in a gentlemanly and dignified manner, after considering the fallacy of numerous methods of treating the sick, which have been introduced, either empirically or authoritatively, has, in a masterly manner, exhibited the necessity of thorough and radical reform; not a mere patchwork of reform, such as suggested by the author of "Young Physic," but a thorough rebuilding of the whole fabric upon a solid foundation. The author has very correctly stated that the largest body of thoroughly educated physicians the world has ever seen agreeing in any one mode of practice, are either chargeable with the most criminal fraud, or the grossest mistake, by those who assume its falsity, or otherwise the ground assumed by this respectable body ought to claim a more candid consideration from the rival schools than it has yet received. The discovery of curatives by observation sufficiently confirms the truth of a law of cure in the minds of many distinguished men, and is not this circumstance sufficient to warrant a more thorough investigation of the matter? We would commend this address of Dr. Joslin for their candid perusal, because it will amply repay them for the trouble. From the gems of thought contained in the address, we extract the following:

"The old school, like its anserine prototype, 'sits and broods over naked stones, mistaken for eggs, in the fond hope of a progeny which shall one day march forth upon the earth, and drive the young homœopathic chickens back into the shell.'"

"Admit the truth of the law of cure, the genuineness of our pathogenesis, and the sufficiency of small doses, then the conclusion is inevitable, that Homœopathia is of immense practical value.

"Now those who have neither reflected upon it as a science nor practised it as an art, have not even a proximate conception of the facilities, afforded by the peculiar nature of this system, for its verification in all these particulars. Every step in correct and successful practice simultaneously contributes something to the verification of each of the three doctrines. If, in following the rules of the art, the physician observes an improvement or recovery under circumstances which render it impossible to attribute it to the efforts of unaided nature, he must attribute it to his practice; yet this practice must have proved inert, if *either* of the three

* "Principles of Homœopathy," p. 22.

pillars which sustained it had been essentially unsound. In vain is the law of similars true, if one of the two classes of phenomena which it yokes together have no reality, or if the medical materials, whose application it implies have no potency. Equally useless is the reality of both classes of phenomena, if the law, which purports to connect them for practical agency, is a mere chimera, or if the curative materials have lost their energy by attenuation. Finally, the drug, however energetic, has but a blind and useless force, unless the demonstration is guided both by genuine provings of the materia medica and an unerring law of therapeutics."

EDITORIAL.

THE NEW YEAR.

THE present number of the Journal commences the second year of our editorial duties, and on its accession we have much to encourage us; we feel animated with a new zeal to push onward to the performance of the task we have assumed. To the advocates of Homœopathy, the past exhibits unexpected success and triumph, the present unbounded encouragement, and the future full of hope; everywhere is the onward march of the law propounded by Hahnemann perceptible, and the time of its universal acceptance and adoption, both by the profession and the public, is fast approaching. Homœopathic practitioners are no longer enumerated by tens and fifties, but by hundreds and thousands, and their patrons by hundreds of thousands, and the period is fast approaching when the inhabitants of every city, village, and cottage in the country, will be the subjects of medication according to the *true law of cure*.

We have every reason to believe, that our labors, the past year, have been acceptable to the Homœopathic profession, and the ardent endeavors, put forth in behalf of the Journal, have rendered it worthy of their patronage.

The list of able contributors, who have furnished gratuitously matter for the Journal, will continue to give their aid, and will be assisted by others of equal celebrity in the profession, so that we feel warranted in promising the subscribers for the present year much valuable and interesting information.

It will be perceived each number has been increased sixteen pages, without any increase in price; this will afford an opportunity to offer

articles on scientific and abstract subjects, which has been impossible heretofore, owing to the limited number of pages; this, moreover, will make a cheap periodical. What book, in the Homœopathic literature, containing an equal amount of matter, can be purchased for three dollars?

We solicit from the members of the profession a careful examination of the present number, and would merely say, in conclusion, that the Journal is the property of the profession, and will always advocate sound doctrine; "it has not been issued as a speculation or experiment, but an organ which will always be subservient to the interest of the Homœopathic fraternity, and for the maintenance of its claims upon the public for a just consideration."

POSOLOGY.

We feel ourselves entirely free on the vexed question of the dose and its repetition. We are neither exclusive advocates of high or low potencies. There is much difference of sentiment existing amongst the individual members of the profession on this point; some use exclusively the low decimal potencies; others the low potencies, and Jenichen's; and a third class prefer exclusively Jenichen's. We consider this an unsettled subject, and open to future investigation and experiment, and are just as willing to report cures performed with the low potencies as with Jenichen's preparations, concerning which there is but little known except the results following their administration. We shall, doubtless, publish articles extolling the use of Jenichen's preparations, and others deprecating their use, and denying that they act at all, and produce the beneficial results reported to have been obtained by their administration. These reports will be contradictory, and we wish it understood we are uncommitted on the subject.

ST. JAMES'S HOMŒOPATHIC HOSPITAL.

A new Homœopathic Hospital has been opened in Doncaster, England, styled St. James's Hospital. The enterprise was projected by Dr. Dunn; by his personal exertions, alone, the building was erected expressly for the Institution, paid for, and put in effective operation. A commendable zeal; we need some Dr. Dunns on this side the Atlantic.

DIED, in the city of Philadelphia, March 24th, 1853, Dr. E. COOLEY, aged 82, a Homœopathic practitioner.

PHILADELPHIA

JOURNAL OF HOMŒOPATHY.

VOL. II. — MAY, 1853. — No. II.

ORIGINAL COMMUNICATIONS.

PHYSIOLOGICAL SYMPATHIES.

BY WILLIAM H. HOLCOMBE, M.D.

THE human body, the masterpiece of creation, is an organic compound of innumerable parts curiously woven together, associated in function and governed by laws as beautiful and exact as those we detect in the operations of external nature. An impression made upon one part is transmitted to the whole, and the symptoms of a disease or a drug appear successively, in organ after organ, like sounds passing from chamber to chamber in an echoing gallery. There is no disease in which the entire organism is not more or less involved; there is no drug which has not a peculiar action upon every tissue of the body. The gentlemen whose idea of pneumonia is limited to its pathological anatomy, and who rest satisfied with classifying Ipecac. as an emetic, and Colocynth as a cathartic, in total ignorance of their vast pathogeneses, will scarcely appreciate the truth of the remark. The Homœopathist occupies higher and more philosophical ground; and it is his duty to trace the morbid thread throughout the whole labyrinth of the human form. The difficulties are great, and they are chiefly owing to the obscurity which shrouds many of the most important points of physiology. The forces of vitality, the laws of life, must be brought by observation and experiment into as clear a light, as that, with which we now survey the external forces,

heat, light, electricity, &c., before the true course and relationships of disease, and the real connexion between the different symptoms evoked by drugs, can be thoroughly understood.

When we endeavor to make a scientific arrangement of the various phenomena produced by a given disease or a given drug, we observe that many of them cannot be referred to the direct or *primary* action of the morbid cause. Thus, depression after excitement, constipation after diarrhœa, paralysis after convulsions, &c., although called *secondary* symptoms, are rather the abnormal states remaining after a comparative exhaustion of the vital susceptibility. Again, the glowing warmth, after a cold bath, and the analogous fever after a chill, are termed *reactions*, and should be carefully distinguished from the class of symptoms just mentioned, being dependent on entirely different physiological laws. Again, there are relations of antagonism normally existing between the different organs and apparatus of life. When the kidneys are excited to profuse secretion, the cutaneous transpiration is diminished, and *vice versâ*. The marked suppression of urine in cholera, is one of these antagonistic symptoms; and a remedy selected with particular reference to that alone, would be wholly inappropriate. Kali Bichromicum produces that symptom with great distinctness, but it is not at all adapted to the treatment of cholera. The functions of animal and of organic life antagonize in a certain degree, a preponderance of either taking place at the expense of the other. The same may be said of the functions for the maintenance of individual life and those for the reproduction of the species. But of all the trains of phenomena,—not the direct actions of diseases or drugs, but produced in other and even distant organs, according to laws peculiar to the animal economy,—the most curious and interesting are those of physiological sympathy.

Sympathy properly means that emotional state in which one mind *feels with* another. The induction of fear, pity, rage, enthusiasm, &c., by oratorical power or otherwise, are familiar examples. The transference of bodily sensations from one individual to another, in the mesmeric state, is a remarkable instance of sympathy. The dancing mania and other extravaganzas of the middle ages, are equally curious. But in the physiological sense, sympathy expresses that relationship between two organs by which

a morbid state of the one is transferred to or induced upon the other. That analogous state excited or propagated by the mere proximity or continuity of parts, is not truly sympathetic. Such are the intestinal perforations caused by the extension of the ulcerative process, the passage of inflammation from the arachnoid to the pia mater, the enlargement of the mesenteric glands in typhus abdominalis, and the degeneration of structure in the neighborhood of malignant tumors. These secondary phenomena are rather due to the gradual diffusion of a morbid condition by vascular communication. But the suppression of epistaxis by application of cold to the genitals, the uterine contraction produced by irritating the nipple, the cough occasioned by gastric derangement, the metastasis of mumps to the testicles or ovaries, and of rheumatism to the heart, and, I may add, the palliation of internal congestion by counter-irritants, are examples of true sympathy, produced through the agency of the nervous system. The facts already accumulated are numerous; and, as is usual in physiological matters, accompanied with no small quantity of crude speculation. Central laws or principles, by which all sympathetic phenomena may be classified with precision and harmony, certainly exist, and their discovery is a desideratum in medical science. They would be invaluable in the diagnosis and prognosis of diseases, and especially useful to the Homœopathist in his systematic study (for he alone has attempted it) of the pathogenesis of drugs. Without pretending to do more than throw out a few loose suggestions, we will dwell somewhat in detail on this important topic.

In the first place, let us look briefly at what may be called the anatomy of sympathy. The nervous system, connecting organs and apparatus together as telegraphic wires connect our towns and cities, is the only chain for the transmission of sympathetic phenomena. When bile or urea are retained in the blood, the coma produced by their circulation in the cerebral tissues is not a case of sympathy between the brain and the liver or kidney. We might as well talk of a sympathy existing between the brain and the poppy and strychnos trees, because opium and nux vomica, introduced into the blood, will poison the nerve-centres. Dissolve the nervous connexion of parts, and no sympathy can possibly be manifested. Where the nervous system itself sympathizes with any subordinate organ, heart, stomach, or uterus, the effect is pro-

duced by direct influences radiating along the different nerves, from the periphery to the centre. In all other cases, the action is *reflected* from the centres upon the distant part. The minute fibrillæ of tubular neurine never inosculate like the ramifications of the vascular tissue. Every point in the periphery has its corresponding point in the nerve-centres; and there is no road from one peripheral point to another, except through the central stations. In paraplegia, irritation of the skin will produce muscular contraction, without any volitional effort, and even without consciousness. Similar automatic reflex actions are no doubt perpetually occurring among the internal viscera. Sometimes they are manifested near the point of irritation, as in sneezing and coughing; which last is indeed nothing but sneezing in a wider part of the respiratory cavity. Sometimes they are very remote, as in that cutaneous eruption called hives, a sympathetic symptom of gastric disorder. But in all cases, there is a fixed course of radiation from periphery to centre, and out to periphery again.

We might suppose, that in the central axes, those vesicular points or minute ganglia which preside over similar or closely-related functions, would be arranged together, so that impressions might pass to and fro with the greatest facility. On this point, we have made some approximation to accuracy, with respect to the centres of voluntary motion and special sensation. But the fibres of the great sympathetic system are so inextricably interwoven, that it is a labyrinth of mysteries. We can say with no certainty, that this or that ganglion regulates any particular function. And the fact, that puncture of a certain point in the fourth ventricle, is followed by saccharine urine, and that injuries of the head very frequently produce abscess of the liver, are enough to show how very obscure is our physiology, even of the cerebro-spinal system. Our best prospect of more light, is from the microscopic study of embryological changes. The *primitive* positions and relations of organs are almost entirely obliterated in the perfectly developed figure. The two kidneys were at first united, the testicles immediately adjoining, and all of them near to some creative nerve-centre. The knowledge of these primitive positions might unravel relationships existing between organs now far asunder. A physiology of the nervous system, matured by researches into embryology and philosophical or transcendental anatomy, may yet

teach us why disease of the heart produces abnormal sensations in the left arm, or of the liver in the right shoulder, and why nephritis should occasion pain and retractions of the testicle, and elucidate many other obscure points in our present pathology.

As mental sympathies depend mainly on congeniality or similarity of character, so those of the physical organism result from similarity of function. The mucous tissues all sympathize with each other, not because their physical and chemical properties are alike, but because similarity of structure implies a similarity of function. Different structures may be aggregated together for some ulterior end, as the numerous pieces which compose the eye, and yet the bonds of sympathy between them be very slight. The conjunctiva sympathizes readily with other mucous membranes, the sclerotica with the fibrous tissues of the joints, the lachrymal gland with the mind, the Meibomian with the mesenteric glands, and the retina with the nerves of the stomach, but these textures display but few sympathetic relationships with each other. Sympathy is much more apparent between different organs than between different parts of the same organ. And that organ will have the widest range of sympathies which is most dependent upon, subservient to, and connected with the functions of other parts. The brain would probably stand first, and the cartilages last upon such a scale.

The nipple may sympathize with the ovaries, however remote be their anatomical connexions, evidently because they are both links in the same great functional chain of reproduction. A morbid state in one eye or ear is frequently transferred sympathetically to the other eye or ear. The stomach and liver as chylopoietic viscera sympathize with each other. If the presence of but little food has excited but a small secretion of gastric juice, a similar functional action is induced upon the liver, and but little bile is poured out to meet the chyme in the duodenum. The various sweet, bitter, sour, salty, putrid, &c., tastes and secretions in the mouth are frequently due to the sympathy existing between the stomach and the salivary glands, and buccal and pharyngeal membranes. The liver and lungs are bound by functional ties, being coeliminators of carbon, and provided for that purpose with special circulations of blood. The liver may be almost called the lungs of foetal life. The stomach and lungs exhibit frequent sympathetic reactions, receiving as they do a common innervation from the pneumogastric nerves. This similarity of supply indicates some occult or apparent similarity of

function; and what, indeed, is the lung but a higher order of stomach in which our atmospheric food is received and digested, and oxygen the most essential part of our nutriment taken into the circulation? Again—the skin, the lungs, the kidneys, and the large intestines concur in the functions of excretion, by which the effete matter is removed from the system, and therefore their sympathies are most extensive. The lungs and kidneys sympathize least, because their functional differences are greatest. The lungs communicate with the air, the kidneys do not; the lungs absorb as well as excrete—the kidneys only excrete; the lungs remove carbon, the kidneys remove nitrogen from the blood. The skin and lungs sympathize most, for obvious reasons, not the least of which is that they are both subject to atmospheric impressions. Aeration in the vegetable kingdom is effected by the cutaneous membrane, and the lung of animals is but a continuation of the same tissue, involuted and compacted in a great central cavity.

Impressions made upon the skin may radiate to all the internal viscera, which is not wonderful when we recollect its vast extent, vascularity, sensibility, and secreting powers. When the body is plunged into water much below the temperature of the skin, the vessels on the surface are struck with torpor. Instantaneously a sympathetic torpor is produced in the capillary structure of the lungs, and we have that gasping for breath or dyspnoea which always occurs in pulmonary congestion. It is in this way that prolonged exposure to cold and moisture may produce pneumonia and other visceral diseases. It is well known that external heat augments both the biliary and cutaneous secretions. This cotemporary action soon induces in the skin and liver a consentaneity or sympathy, by which the morbid states of one organ may be reflected upon or transferred to another. By the cutaneo-hepatic sympathy, Dr. James Johnson has explained the whole range of effects resulting from the influence of tropical climates upon European constitutions. And we may here remark, that the same organ may participate in different functions, and have as many different chains of sympathetic relations. The skin as a great peripheral nerve-expansion is connected through the nerve-centres with all the peripheral nerve-expansions in the body—a fact upon which the whole philosophy of external applications is based. As a secreting and excreting membrane it is sympathetically allied to all the epithelial mucous tissues.

And it is very probable that as an enveloping, limiting, and protecting tissue, it has special sympathies with the serous membranes, the aponeuroses, and the periosteum—external and internal.

A higher and more intricate play of sympathies is found to exist between the different systems or apparatus of life, the nervous, the circulatory, the blood-making, the excretory, and the reproductive. Morbid impressions are frequently transferred from the sphere of organic to that of animal life and, *vice-versâ*. The headache resulting from indigestion, the diarrhoea from fright, the convulsions from worms and teething, the palpitation of the heart from gastric derangement, are familiar examples. I have seen mumps transferred to the testicle, thence to the brain, inducing mania, and back again in inverse order, and indeed many such cases have been reported. Andral relates a case of acute gastritis, apparently uncomplicated, which suddenly disappeared while fatal tetanus supervened. This radiation of disease is so universal that the greatest labor in diagnosis lies in sifting and separating the idiopathic and the symptomatic phenomena.

The functional affinity between the maintenance of the individual and the reproduction of the species gives rise to special sympathies between the blood-making and the generative apparatus. There is a menstrual as well as a gastric cough, a menstrual as well as a nervous colic, and the stomach, lungs, rectum, the ears, and even the surface of ulcers have poured out vicarious discharges in the stead of the suppressed catamenia. Vomiting, depraved appetite, toothache, spasms, and many other symptoms are produced sympathetically in distant parts during the development of the gravid uterus. The respiratory and the generative organs undergo a simultaneous change at puberty, and I have seen a case of hysterical paroxysm from menstrual difficulty simulate most accurately and for several hours all the symptoms of croup. It is curious that the testicles, the reservoir of vital force designed for transplantation, are sympathetically connected with the extremes of the organic life of the individual. The salivary glands pouring out the first fluid for intermixture with the crude nutriment, may be said to occupy one extreme, and the kidneys the other. Now the transfer of inflammation from the parotid to the testicle, and the atrophy of this last organ during diabetes, are still among the unsolved enigmas of internal pathology.

The subject might be indefinitely extended, but enough has been adduced to establish the great central fact, that the parts of the living body are so connected together by nervous tissue that a morbid impression made upon one organ necessarily radiates more or less manifestly to other organs functionally related. The vital tissues vibrate from one end to the other with every force that assails them. Every disease and every drug may be said to run through and through the human frame, evoking fresh symptoms from the several organs and apparatus of life. That science may be safely said to be in its infancy which classifies diseases and drugs according to their most prominent local action, and the therapeutics based upon such data must be miserably defective.

The most useful corollary we can draw from the above reflections is that physiological sympathy amply explains the dynamic cures of the allopathic school of medicine. We say *dynamic* to distinguish such measures from those which they claim to be based upon mechanical or chemical principles. Symptoms may be sometimes removed by the removal of an accessible irritating cause, the processes of nutrition may be in some degree modified by chemical reagents, but when drugs are applied directly to the cure of disease, "*similia similibus*" is the law of nature, and all successful treatment is directly or indirectly Homœopathic. Much of the old school practice is directly Homœopathic—as is seen in its use of mercury, arsenic, quinine, tartar emetic, aconite, camphor, iodine, and many other remedies. We have no fault to find with it, except that the doses are unnecessarily and injuriously large. But the use of purgatives, cupping, leeching, blisters, and other perturbing treatment has been and is now frequently followed by prompt and permanent relief. It is ignorance or folly to deny the facts, and we can never prove the truth of our therapeutic law until we explain them. All such cures are indirectly Homœopathic, the irritative or aggravative impression not being made on the diseased organ, but transferred to it from a distant part by physiological sympathy.

Allopathists say that cathartics stimulate the muscular fibre, unload the capillary vessels of the intestines, and increase the secretions of the neighboring viscera. So they do, but they do much more. Acting on a tissue rich in nervous life, they may impress therefrom by reflex action any or all of the organs of the

body. This is never alluded to in the therapeutic rationales of the old school. The intestinal irritation of children is well known to produce spasmodic convulsions by reflex action. But when an Allopathic physician diseases the alimentary tube by jalap or aloes, it is a mere mechanical depletion, and the idea of irritative reflex action in other organs is sheer fancy. If anything more than a simple pouring out of fluids is claimed, the *modus operandi* is vaguely called *derivative*. Such a term is utterly unsanctioned by any facts in our present physiology of the nervous system. Purgatives, and the same may be said of all the local irritants of allopathy, do not relieve by detracting or deriving the irritation from the diseased organ, but by reflecting an irritation on that organ, an irritation similar to that of a Homœopathic medicine acting specifically in that direction. The action is not eccentric, it is adcentric. The coarseness and vagueness of such indirect Homœopathy is evident, and its frequent failure not at all remarkable.

Some medical author, whose name or book I do not now recollect, wonders ingenuously that a few cups applied to the outside of the chest should produce such speedy palliation of the worst symptoms of pneumonia. Without going his length in credulity respecting the *facts*, I can readily conceive that cupping may act remedially and on purely Homœopathic principles in pneumonia, or in any other visceral inflammation attended with congestion and effusion of blood. The cups produce on the skin just such pathological changes. If the skin were a piece of leather, I would confess the whole *modus operandi* to be mechanical, and recommend bloodletting. But the skin with its innumerable ramifications reflects its irritation on the internal organ, and cures it Homœopathically.

The same rationale is applicable to the whole catalogue of counter-irritants. The nervous and vascular erethism excited externally is reflected upon all the internal parts, but more especially upon those with which the external parts has the greatest sympathy. How can a blister transfer morbid action from the lungs to the skin? The blister is an artificial irritant, superadding its influence to that of the pneumonia, and curing, if it cure at all, Homœopathically. It even seems to be true, that counter-irritants are most successful when their anatomical changes correspond more nearly to those characteristic of the disease. They would not be likely to relieve a paroxysm from renal calculi, or tetanic spasm, or a cancer

of the stomach, in the least degree. For simple erethism not amounting to persistent congestion, the prompt but transitory action of a rubefacient is sufficient. For inflammation with effusion of serum, the analogous operation of a blister is better. When the disease is chronic and marked by those anatomical changes of which ulceration is the type, as in chronic bronchitis, phthisis, and scrofulous swellings of the joints, pustulation with croton oil or tartar emetic is confessedly the most suitable means of counter-irritation. Homœopaths eschew this course, painful and frequently insufficient, because *indirect* treatment, and attain more satisfactorily the same desired end safely and imperceptibly by internal medication on the principle, "*similia similibus curantur.*"

BROMIC ACID.

BY C. G. M'KNIGHT, M.D.

AN article in the March number of the Philadelphia Journal on the use of Bromine in membranous croup, induces me to offer another on the same subject, premising it with a few remarks on the preparation used.

Bromine was what I supposed I had been using, until I read the article alluded to, but your correspondent, with Dr. Hering's endorsement, satisfied me that, after all, I had ignorantly cured two well-marked cases of membranous croup with the much-abused *Bromic acid*, an article which, according to his statement, "cannot be relied on in practice," and may account for the fact (according to the same authority), that membranous croup "is not more generally cured by bromine."

The article used by me was the liquid known as Bromine, dissolved in alcohol, using the formula by which the tincture of iodine is prepared, to prepare it, and as, according to Dr. Hering, it takes but a few hours for it to become acid, it must have been nothing more nor less than Bromic acid. Whether we have had sufficient experience in the use of the remedy to assert positively that it cannot be relied on in the treatment of membranous croup,

I, for one, with all due deference for higher authority, beg leave to doubt; my experience in the treatment of the disease is, however, so limited (having seen, in a residence of seven years in this city, only four or five cases, well marked), that I do so with great diffidence, and my only object in writing at all on the subject is, that others may not be deterred by positive assertion, founded on the limited experience of any one physician, from testing the curative powers of any medicine.

In regard to the ethereal preparation, in one case that came under my observation, it acted decidedly bad; the alcoholic tincture had been used at first with good effect, but for the sake of certainty that the preparation was not Bromic acid, ether was substituted as the solvent, and the child grew worse, the mother remarking, "that ether never did agree with her children." Whether the fatal termination of the case was owing in any way to its use, of course cannot be determined.

I have arrived at one conclusion in regard to the use of Bromine or Bromic acid, and that is, that the higher dilutions (from the 3d to the 6th) will answer every purpose. One reason for the belief is, that if the symptoms said to be caused by Bromine resemble those of membranous croup, there is danger that in giving the tincture we may be getting the pathological effect of the remedy instead of the curative, and in both of the cases I have seen cured, a degree of huskiness still remains, leading me to infer that after curing the disease the medicine continued to act upon the mucous membrane. One thing is certain, if we can arrive at the same result by milder means, we shall leave our patient in a better condition; and I trust that physicians generally will at least in this particular disease (using as they must a remedy capable of doing so much good or harm), give to the profession the benefit of their experience.

In the case reported by Dr. Barrows, through Dr. Preston, I beg leave to say, that my reason for prescribing Bromine was not owing to my "being *fresh* from reading some cures recently reported in the N. A. Journal" (as some might infer from his letter), but dated farther back. Dr. Okie had used it for several years in his practice with decided success, and Dr. Wells read a report of his use of it in membranous croup four or five years ago, all of which was *fresh* in my mind, but the treatment of a case some seven or eight months since that I witnessed, where Bromine was used, which resulted

fatally, led me to think more seriously of it as a last hope, seeing the utter impotence of the remedies used to arrest the disease, and, I said a few days afterwards, in the presence of two Homœopathic physicians, that we did not use Bromine long enough, or strong enough, and that if ever I had another case of well-marked croup, I would give Bromine until my patient died or recovered. On being called to the case referred to, I did indeed find it desperate, so far as Sambucus, Ipecac., Spongia, Hepar, and other well-known Homœopathic remedies were concerned, and I determined to give the child the only chance of life, as I believed, by giving Bromine.

As soon as it could be prepared (and the alcoholic solution was used), I commenced giving it first every half hour, and then every hour, the result exceeding my most sanguine expectations, although before the treatment was concluded the Bromine must have become Bromic acid.

The next case, treated with the same preparation of Bromine, which had been in alcoholic solution about two weeks, was a girl, aged four years, whose sister, aged two years, died with membranous croup (the day before she was taken), under Homœopathic treatment, preceded by a course of croup syrup, &c.

This child was taken sick on Saturday, but the disease came on so insiduously that the parents did not send for me until Monday, P. M., at which time I found her suffering from a well-marked case of Croup. I prescribed Hepar and Spongia, to be taken every two hours, and left. Tuesday, she was no worse, and I continued medicine. Wednesday morning at five o'clock, her father came for me, and told me she was dying; he said she was exactly like the one that died, and wished me to go up immediately. On my arrival I found the child to all human appearance dying, extremities cold, pulse almost imperceptible, cough entirely suppressed, and breathing short and labored. I commenced giving Bromic acid every fifteen minutes, a teaspoonful, and in the course of an hour she began to improve, warmth returned to her limbs, breathing easier, pulse more distinct, and cough more resonant, with considerable expectoration of thick stringy mucus. I left Hepar to alternate with Bromine; Hepar twice at half-hour interval, and Bromine in the same way, and so alternately. At four o'clock I saw her again, and as she was still improving, gave the medicine at longer intervals, this course was continued for nearly a week, at which

time I had the pleasure of seeing my patient restored to health, and am happy to say that up to this time, nearly two months, she has had no recurrence of croup.

Before concluding this already too lengthy article, I would like to ascertain, if possible, where the proof is found for the assertion, that "Bromic Acid cannot be relied on in practice." And who has sufficiently tested it, to say that "it has no curative virtue in diphtheritic inflammations?" As Dr. Hering was, I believe, the *original prover* of Bromine, it is fair to suppose he knows as much about its curative virtues as those who give it on his recommendation.

On page 305, Jahr's New Manual, he says of the alcoholic solution:—"Alcohol is no fit vehicle, either, to attenuate Bromine. The alcohol becomes decomposed in a few hours, and, instead of a Bromine attenuated, we have a mixture of acids and Bromine;" and he farther says the same remark applies to the preparation of Iodine, Muriatic, and other acids; but he does not say that Bromic acid, thus formed, is not equally curative in croup or diphtheritic inflammations.

If, as I have shown, Dr. Hering says nothing about the Bromic acid being of no use in practice, with all his knowledge of Bromine and its products, how is it possible for any man to say (unless after a trial with a large number of cases, and years spent in patient and diligent experiment), "that it cannot be depended on in practice?"

But I go farther, and contend, that the very cure reported by Dr. Preston, for Dr. Barrows, was cured with Bromic acid, and nothing else; and that, too, in spite of the statement "that its use may be the reason why Bromine has not more generally proved curative in membranous croup."

It strikes me, that it is asking too much, even of Bromine, to expect it to cure a case where it was not even used, and still worse, to make it father a medicine which "cannot be relied on in practice."

With much deference I submit these facts to the readers of the Journal; hoping sincerely, that the discussion may be the means of drawing out the experience of others in the use of Bromine, and its humble but distant relative, Bromic acid.

GRAPHITES.

COMPILED FROM DR. KASPAR'S LECTURES, BY CARROLL DUNHAM, M.D.

GRAPHITES resembles, in many respects, its chemical sisters, the carbons; less, however, in its general character, than with reference to certain peculiar symptoms. Its action is very extensive and energetic, affecting, in a marked degree, the entire vegetative sphere. We find, in the effects of Graphites, all the phenomena of a depressed vegetative life, and a diminished assimilative activity, and can only remark, as a specialty, the peculiar tendency to the formation of pus. This specialty will be noted hereafter.

I. VEGETATIVE LIFE.—Almost no remedy attacks *this* system with so great energy in proportion to the degree of reaction which it excites. In this respect, Graphites stands between Arsenic and the Carbons. The phenomena of general and local excitement induced by it are pretty clear, yet are only to be explained as secondary; and they proceed only from the vascular system, and, in a very slight degree, from the nervous system.

II. SECRETIONS.—In general, the secretions are diminished and thickened. The character of decomposition is manifest in a greater or less degree; hence the secretions are offensive, of unnatural color and repulsive taste. As is always the case when the character of decomposition prevails, the *serous* secretions are increased.

III. SKIN.—Here we see, strongly developed, the phenomena furnished by every disease which manifests a tendency to morbid secretions, viz.: itching, formation of pimples; irritation, with bluish-red papules of various size, having an erysipelatous aspect. There is, however, a special tendency to erythema, suppuration, ulceration; hence serous vesicles, ulcers discharging pus and sanies, moist eruptions, rhagades, scaly ulcers on all parts of the skin, and on its transitions to mucous membrane, especially about the mouth.

IV. MUCOUS MEMBRANES.—In the mucous membranes, this character of Graphites is still more distinctly manifested. *Their* secretion is, for the most part, diminished; hence they become

dry. The secretions assume a thick, tenacious character, are difficult of solution (or excretion), and have a foul, saltish taste.

1. *The Eye* becomes turbid and dry, the lids cohere; they burn and are irritated.

2. *In the Ear*, a similar condition is manifested; buzzing in the ear, and deafness.

3. *Dryness of the Nose*, inclination to sneeze, loss of smell, or a foul odor constantly in the nose.

4. *Mouth and Throat*.—Coated tongue; sensation as of something *fixed* in the throat; frequent endeavors to hawk up something; dryness of throat, hoarseness, tickling, burning, rawness; dyspnœa, anxiety, dry, laborious cough.

5. *Intestinal Tract*.—Diminished stools; dryness and burning in the urethra and vagina; difficult and painful micturition.

The tendency to ulceration appears most distinctly in those mucous membranes which are in more immediate contact with the atmosphere: hence ulcerative pain, with vesicles, pustules, and ulcers, and corresponding discharges from nose and mouth.

V. THE URINARY SECRETION is either diminished or increased; more frequently diminished.

VI. MENSTRUATION.—Diminished, retarded, enfeebled (Hahne-mann).

VII. THE SEMINAL SECRETION is likewise scanty, or fails entirely: hence diminished sexual instinct, and imperfect ejaculation of semen.

VIII. ASSIMILATION.—Graphites diminishes the assimilative action, inasmuch as the part destroyed by its primary, decomposing action, is not perfectly restored; while at the same time it enlarges it, inasmuch as it induces abnormal deposits and secretions. The altered blood-crisis does not permit a sufficient regeneration of the removed portions: hence the vital turgor sinks, the tissues lose their elasticity; while the new tissues do not arrive at textual completeness. Hence ensues collapse, flabbiness, discoloration of skin and mucous membranes, loss of epidermis, falling out of the hair.

Circulation is generally, at first, in a state of excitement; hence sometimes a *general storm*, but more frequently *partial congestions* present themselves. Soon, however, the circulation loses energy, becomes slow, idle, weak. As everywhere, under such circum-

stances, so here also appear soon an increased venosity, and then stases in the capillary vascular system, which lead to exudations in the form of oedema, ecchymosis, vesicles, &c.

In the *lymphatic system*, the same process goes on; hence swelling of the glands, induration, and irritation. In this condition, a corresponding fever is evident, in which the cold predominates, the heat being less general and less violent; coldness of greater part of the body, and heat only here and there. Sweat and thirst, especially thirst, are often violent, and, as in all enfeebled conditions, are easily and speedily provoked by slight causes.

The *nervous system* partakes very little in the action of Graph., since this action is not excessive, rapid, nor violent. The phenomena that do occur, are chiefly those of *depression*; hence the cerebral activity is markedly impaired.

The *general sensation*, according as it does with the condition of the vegetative life, is depressed; hence general weakness, lassitude, relaxation of the tissues. Syncope is easily induced, together with great anxiety. On this account, the feeling of lassitude is altogether the predominant *general sensation*; the other varieties of pain not being constantly produced by Graphites, but being due to the local conditions induced by it. The activity of the motory functions is impaired; these functions lack energy, but their debility never amounts to more than a very slight degree of paralysis; while, on the other hand, are not unfrequently present, convulsive jerkings, tremblings, and spasmodic phenomena.

Particular Functions. 1. *Digestion* is impaired. Graphites has an especial relation to this process; for several symptoms are peculiar to Graphites, viz.: salt, sour, foul taste in the mouth, aversion especially to meat and *salt food*, and disinclination to other articles of food; unpleasant sensation before eating; *during* a meal, immediate unpleasant effects, especially abdominal distension, borborygmi; *after* eating, many sufferings, burning, sticking, and stomach cramp, singultus, nausea; many marked secondary symptoms.

2. *Intestinal Canal*.—At the same time with above digestive phenomena, great meteorismus, discharges of flatus, and cramps.

Liver and Spleen.—Pain; bilious vomiting. Stool generally retained solid, of a horribly offensive character; seldom watery.

Anus.—Burning and pinching. Prolapsus, discharges of blood; hemorrhoidal tumors.

Urine.—The urinary and genital systems are markedly affected.

APPLICATION.

Graphites is applicable, according to special indications, in both acute and chronic diseases; more frequently in chronic. The acute conditions in which it is indicated cannot be strictly and purely such, but rather be conditions growing out of a chronic diseased state, corresponding in general character to Graphites. Its province is the more highly developed affections of the vegetative sphere, and we might in this view call Graphites a high potency of sulphur; for no small number of symptoms is common to both remedies; in Graphites, however, they reach a higher grade of development. This intermediate position of Graphites between Sulphur and Arsenic and Carbon, indicates its very extended sphere of action, which, however, is distinct from that of the others, inasmuch as Graphites has so marked a tendency to the ulcerative and corresponding processes.

Diseases in General. 1. *Cutaneous Affections.*—Those which are disposed to suppuration. Ulceration with a peculiar scanty discharge, and formation of fungous granulations (hence panarititis). This ulcer is not easily healed—presents, however, a certain degree of vitality, even of irritation; hence granulations form, or at least there is an evident tendency to their formation. Scrofula and tubercle do not Generally correspond to graphites; yet may do so in individual forms, which are not infrequent.

Arthritis.—Graphites is one of the very first remedies, especially where there is no deposit, or a very slight one, when it is probable that the sero-fibrous tissues, by their dryness, aggravate the condition.

Diseases in particular.—1. *Skin* is especially the province of Graphites. Its distinctive character is this: a product forms, the epidermis is removed, pustules and vesicles form and reform, or disappear, and are succeeded by scales; the pustules or scales fall away, and leave a raw place, difficult to heal, and generally covered by a certain amount of secretion, which, in the air, dries to a scab, scale, or membrane, and covers the spot. Moreover,

cutaneous secretions are produced, which thicken and elevate the epidermis, and form granulations of various kinds (horny, panaritic fungi). Finally, to Graphites belong those skin diseases which are followed by successive crops of *little* vesicles, which scab over and so gradually cover large surfaces. In this category belong eczema, herpes, impetigo, lichen (?), in the lower grades; psoriasis, pityriasis, ichthyosis, scaly eruption on the head, and falling out of the hair. Among the maladies not herein included, and in which Graphites is indicated, is erysipelas, which frequently returns, or has so slow a migration that gradually almost the whole body is covered by it.

2. *Eyes*.—Often recurring inflammation, especially with formation of ulcers. Scrofulous ophthalmia, with cohesions of the lids and photophobia, especially in conjunction with crusta lactea. Dryness of the conjunctiva.

3. *Ears*.—Deafness, buzzing in the ears, when in a gouty constitution, but especially when there is reason to suspect dryness of the mucous lining of the ear, as, for example, simultaneous *dry catarrh* of the nose, pharynx, &c.

Toothache, with swelling and ulceration of the gums.

Ulcers of the Mouth.—Especially with offensive swellings of the glands of the throat; frequent angina, with consequent ulceration.

Dyspepsia.

Chronic Gastritis (Ulcus perforans).—Flatulence, very great. Constipation, with occasional diarrhoea; chronic colic.

Genitalia.—Swelling of prepuce, especially in children.

Herpes Preputialis.—Burning on micturition. Want of semen and lack of sexual instinct; swelling and induration of testes. Hydrocele. Enlarged ovaries; amenorrhoea; menses scanty, delayed, and painful.

Respiratory Organs.—Dryness of mucous membrane; hence chronic catarrh in many cases of tuberculosis; great roughness and hoarseness of the voice; sensibility of larynx or quick respiration, and on change of temperature, inducing a tickling and spasmodic cough.

N. B.—Applicable to the pyæmic and uræmic processes; to affections of the liver without degenerations.

"PROGRESS."

BY P. P. WELLS, M.D.

"THE present is an age of progress," is in many mouths, and is an unquestioned truth. Not long since "progress" was a jest; now it has become a fact. It is not only a fact, but a necessity. The age moves, and we must move with it. It is not so much a question the *kind* of progress we make, as a pressing necessity of change of place or opinion that agitates the minds of our time. Not so much *in what direction* shall we move, or are we moving, as do we go? This is one of the leading characteristics of the age in which we live; and many of our profession have partaken largely of its spirit, seeming to have lost sight for the time of that wholesome old maxim which enjoins the *proving* of all things and the *holding fast* of that which is *good*. In this they have not done wisely, for in these two injunctions, it is confidently believed, is contained the sum of wisdom necessary to that progress in professional knowledge in which alone is strength and safety. What if it takes time to prove a fact or an opinion true; is it not therefore to be *proved*? What though it requires patient labor, thought, and care; is wholesome progress to be gained without these? Homœopathy was born, in the mind of its founder, of this first precept, and in its spirit was nursed to full growth and strength, and new powers and new triumphs are to be gained by his followers only by obedience to its requirements. He took nothing on trust. He literally proved all things, and in this fact alone is found a sufficient answer to the query why he accomplished so much more for professional science than any or all his followers. He shunned no labor, shrunk from no pain, exercised all the careful observation necessary to a compliance with this, the law of his life, and we are made the partakers of the abundant fruits of this cause. Of what avail was it that any came to him with hypotheses however plausible, sustained by declamation however ardent; was he ever deceived by such plausibility, or won by such zeal? He had but to bring the law to bear on them, and they and their advocates appeared at once in their true character. What though he was assailed and abused by hasty, noisy, ill-instructed men, for his rigid adherence to law; did this

turn him from his course, or has it deprived us of any of its great results?

But there are those in our day who seem to be neither capable of imitating or appreciating so bright an example. There are minds into which feeble light from few truths has found its way, and the effect seems to have been wonderfully intoxicating. They can generalize, and reach conclusions at a jump, and glorify themselves boastingly where better men would have been better employed in carefully examining the elements from which they generalized, and in proving their truth and value. They are the men who, having discovered a marked difference between the perfection of Minerva from the brain of Jupiter, and Homœopathy from that of Hahnemann, therefore reach the logical conclusion that every vagary of their own is solid truth and every imagination a manifest improvement of his system. These are the men to whom movement is progress, progress a necessity, the direction indifferent, the result a confusion in no respect preferable to that of our allopathic opponents.

It is easy, in this fast age, to fall into the natural consequences of bad example, viz., an imitation of it. It is not so easy to resist its influence and put limits to its results. Where all is haste, nothing can be easier than for novelty to claim the consideration, and assume the appearance of truth. Nothing more natural than that hasty minds should be deceived by that appearance; or more common than that being deceived, they should try, in their turn, to deceive others. This has been human history in all past time. This has made too large a share of the history of Homœopathy in our time. It is a great evil, which can only be cured by returning again to the first principle of proving all things, and adding to this that other duty of "*holding fast* that which is good," *i. e.*, that which has been proved. For want of this many of our fast friends have need of principles being proved to them over and over again. Indeed, some of them seem to have been so fast, that they give small evidence of knowing that they have ever been proved. It is nothing to them that they ignore the first elements of the true art of healing, elements established by observation and evidence *ad plenam*. They have a way of their own, and they like it, and in comparison with the gratification of one's vanity, enjoyed in having a way of one's own and following it, what is it to them that sure

laws are known to others which may be to them sure guides in curing the sick? Nothing at all. And to some of them the infatuation is so great that they mistake this doing as they please, in spite of known law, for liberality of views and sentiments, which is indicative of enlarged mind and independent resources.

“Is the present an age of progress” in that knowledge which qualifies to cure the sick? What are the facts and principles which have been added to the common stock during the last twenty-five years? Who have made these additions? How have they been made? The results of the gathering up of the labors of these years are sometimes boasted of, but oftener than otherwise by those not too well informed in relation to antecedent attainments. Wiser men have lamented the paucity of the gleanings, while disposed to accord the true value to the recent addenda. Why have not the last twenty-five years recorded additions and advancements equal in number and value to those of the twenty-five which preceded them? The answer is sufficiently obvious. The generation now so nearly passed away, that but here and there one is left, were men of vigor, zeal, and labor; who were willing to investigate, observe, and record; to sacrifice personal ease and profit to the great work in which they were engaged; and they did it. If the generation which has followed is made up of men of equal intellectual powers and proportions, they are certainly to a small extent men of like mind and action. This is the true explanation of the difference. The present generation in too many instances seem to find the task of *comprehending* the labors of the past altogether too much for them. The investigation of disease according to the directions of Hahnemann is a perplexity; the materia medica is hopeless. The inherent difficulties of these subjects discourage men, and they naturally seek easy methods and simple means, rather than grapple with these, to them, stupendous labors, and they hope that by such means to pass along with the average share of success and favor, or at least to live and escape censure, whatever may become of their patients. If this be a day of advancement in medical science, these are neither the men nor the methods by whom and which it has been attained.

But medical science has progressed, notwithstanding. New facts have been added to the old stock; and principles, before discovered and received, have been confirmed by enlarged experience. If not

in amount all we could wish, it is certainly a kind in which all can rejoice. Even one new truth, duly brought out and established, is no small matter; and in the period contemplated, there have been many. To whom are we indebted for them? Clearly to those to whom it has been given to discern and appreciate the labors of their predecessors; to those who recognised and acknowledged the fundamental principles propounded by the author of Homœopathia, and elucidated and practised by his associates and followers. To those who were so far enlightened as to perceive that these principles underlie and pervade all medical truth, and that all new truths were to be discovered by following their guidance, and were to be revealed by their light. To those who have taken these principles as fixed stand-points, which neither skepticism nor argument can move; and from these have gone out to labor in the same field, obeying the same rules, actuated by the same spirit, as those who before gathered so great a harvest, and, in their measure, they have gathered like results, and will receive like rewards. If these principles were less extensive in their application, or less coercive in their demands, then should we be still without law, and all our boasted superiority over our antiquated opponents is mere empty air. We are, like them, still without law, and there is no light in us. If they have the force and authority of law, let no man lightly regard them, or attempt to foist into their place, under any pretence, his own vain imaginations or hypotheses. If it be indispensable to all progress in medical knowledge that their authority be recognised and obeyed, let every one who is willing to put forth efforts to this end, remember the fact, and save himself the mortification and disappointment of the failure which is sure to be the lot of all who will disregard known laws, and be a law to themselves. Let him, like the good man we venerate, prove all things, and hold fast the things proved. Let neither sophistry nor declamation drive him from them. Let no seductions of theorists or enthusiasts turn him away, at least till they, after having *proved* all things, are able to show him a more excellent way; for let him be sure, that if they be not according to their laws, there is neither light nor life in them. Especially let students, and those who are beginning as practitioners, see to it, that no man is allowed to deceive them. Let the example of those who have been the lights of the profession, be a light to them.

DYSENTERY.

BY JAMES KITCHEN, M.D.

DURING the summer and autumn of 1852, an epidemic of dysentery prevailed in many parts of the United States, which was, in very many cases, of a fatal character. Indeed, for many seasons past, this has been the case. In the Medical Examiner, December, 1849, there appeared an address, which was delivered before the Philadelphia County Medical Society by its President, Samuel Jackson, M.D.; in which he characterizes the epidemic of the preceding year as, "Dysentery was an afflicting and even mortal disease in Philadelphia during the last summer, 1849." This has been the case every year, for many years past, according to the bills of mortality. We wish to make a few remarks on the above text. No one will deny that any disease, and especially one of an epidemic character, is afflicting; neither, we presume, will any one deny that these epidemics have been of a mortal character, since it has been so stated by the President before the County Medical Society, and not denied, but fully admitted and published before the whole profession, and, moreover, as coming from an experienced practitioner of nearly forty years' standing, cannot be denied. Now, the question we would ask is, Why is it so fatal? Is it necessarily so? Is its character of so malignant a nature, that it *must* be fatal and unmanageable? We answer, No. It is made so by mal-practice—by false medication—poisonous drugging, aggravating the disease, and, in a majority of cases, producing death by the system of treatment that is recommended by the Allopathic schools, and carried out, most truly, by its practitioners. We declare boldly, without fear of contradiction, that dysentery is rendered mortal by the abominable system of treatment instituted by the Allopathic practitioners. This can be proved by inquiries which will clearly show, that almost all the deaths recorded in our bills of mortality, have been reported by Allopathic physicians. In these bills, there have been as high as fifty deaths a week, during the last summer and autumn, showing it to be a malignant and unmanageable disease. Let the truth, however, be told, respecting this frightful mortality. I say fright-

ful; for had we fifty deaths a week by cholera or yellow fever, the whole city would be panic-stricken. Let the people be informed how this mortality comes to pass, and then let them judge for themselves which mode of practice they prefer. We say, then, unreservedly, that this mortality is owing to the improper treatment instituted by Allopathic practitioners. Ask one of this school if he loses many cases of dysentery, and, if he is an honest man, he will answer Yes, and, in the language of the President of the Philadelphia County Medical Society, will tell you that it is "an afflicting and even mortal disease." On the other hand, ask a Homœopathic practitioner the same question, and he will answer, freely and truly, that it is a very manageable disease, and that he rarely loses a case. For my own part I can say, that I have never lost an adult with dysentery, since I have used Homœopathic medicine, and that it is now fifteen years. During that period, we have had many severe epidemics of it, and my losses have been three children only, two of which terminated in hydrocephalus, being of a scrofulous habit of body. I have had, too, my full share of cases, and have been called in to very bad cases, which have been under Allopathic treatment, and which would inevitably have proved fatal by the system of treatment; and yet, as I have above mentioned, my losses have been but three children during fifteen years. Other Homœopathic physicians, I have no doubt, can say the same. I should like any Allopath, even in the whole extent of the United States, to give an equally favorable report. Now, what can this be owing to? for I, at least, do not pretend to be any more experienced in disease, or its treatment, than others. The method of treatment of course must constitute the difference. Is it not unreasonable to suppose, that irritating drugs are appropriate to the treatment of an inflamed mucous surface? And yet, such is the treatment by Allopathists. Does not common sense tell us, that such is malpractice, and should not be resorted to? The events prove it. The idea of giving large drug doses by mouth and anus, in such a disease, in which there is high inflammatory action of the mucous membrane, is the very climax of error, and calculated to add to its irritation, and hurry on the affection to a fatal termination. Such is proved to be the fact, in a very great many cases, which might, otherwise, have been conducted on smoothly, and had a happy termination. It is useless

to dwell further on this point; it is a self-evident fact, and needs no other exposition to bring it before the profession or the public.

In the November number of the Medical Examiner for 1852, are statistical tables and remarks thereon, by Dr. Wilson Jewell, which exposes, in a strong light, the mortality of this disease. The number of deaths, by dysentery, during the months of July, August, and September, of that year, amounted to 394, or 182 males, and 212 females. Of this large number, there were 58 under 1 year; 64 from 1 to 2, 53 from 2 to 5, 34 from 5 to 10, 9 from 10 to 15, 12 from 15 to 20, 34 from 20 to 30, 38 from 30 to 40, 29 from 40 to 50, 24 from 50 to 60, 18 from 60 to 70, 17 from 70 to 80, 2 from 80 to 90, 1 from 90 to 100, and 1 from 100 to 110 years of age; in all 394, during three months, being the highest on the scale of deaths—an enormous amount, considering the very few lost by Homœopathic practice. As above stated, had this sum been the number of cholera and yellow fever disease, there would have been a wide-spread panic, and multitudes would have fled the city to more salubrious districts. Dr. Jewell says:—“Dysentery has prevailed during the quarter to a very great extent, causing the death of 394 individuals, a higher percentage, in proportion to the population, than has ever been recorded during any similar period in Philadelphia; constituting about sixteen per cent. of the aggregate of deaths from disease during the three months. For the three quarters of the year, ending October 2d, the deaths from dysentery have amounted to 508.” The most fatal diseases for the quarter were as follows:—Dysentery, 394; cholera infantum, 273; consumption of the lungs, 251; convulsions, 139; marasmus, 131; debility, 114; thus showing that dysentery leads all other diseases, and this, too, by evidence which cannot be put aside, is owing altogether to malpractice, to pernicious drugging, which, in this disease especially, is worse than doing nothing—adding irritation to irritation, and, consequently, increasing the inflammation of the mucous surface of the gut, to the extinction of life.

Now here is an array of facts, carefully compiled by an Allopathic physician, published in an allopathic journal, and which I defy any allopathic physician to deny. What should they teach the community, and what course should they adopt in consequence? The answer is plain and unequivocal. In this disease, at least, they

should never make use of the drugging doctors, but employ those who have taken a more rational view of the disease, and who make use of remedies which act mildly, and appropriately, and soothingly, and cure in ninety-nine cases out of a hundred under the only true law of cure, that of *similia similibus*.

It appears to me, and I think no one can have the least doubt, that the disease of late years is fearfully on the increase, and, unless the true practice is instituted in all cases, the rate of mortality from it will be great. I well remember that, when I entered the profession, some thirty years ago, it was, comparatively, a rare disease. At that period, to be sure, there was no lack of bowel complaints, such as diarrhœa, cholera morbus and infantum, but a pure case of dysentery or bloody flux was rather uncommon in my practice. I speak now from memory and my own individual experience in private practice, and in my attendance at the hospital and almshouse. It would be found correct, I have no doubt, by reference to the bills of mortality of that date. But now, a practitioner of very limited employ, meets with very numerous cases of real bloody flux, in the course of a single season, and these cases appear, as above stated, to be rapidly on the increase. Formerly, in respect to children especially, they were afflicted with true exhausting diarrhœa, from the beginning to the end of summer. At the present time, we meet with more frequent cases, even in them, of dysentery or dysenteric diarrhœa. Then they would linger for months, and finally die in a complete state of exhaustion or marasmus. Now they are affected so severely from the first, that death, when it does come, comes in a comparatively short space of time, owing to the more inflammatory nature of disease. It would be an interesting subject of research to find out the causes which have so modified this class of diseases; to explain why, during the first quarter of the present century bowel complaints should present such a marked difference in symptoms and character than during the second quarter, for such truly appears to be the case—indeed, such is absolutely the fact. We well know that what is called the medical constitution of one year differs very widely, at times, from that of another or following year. This is undeniable, and has been observed by all writers of any experience and good judgment, and, more especially so, by Sydenham, one of the best and greatest of medical observers since the days of Hippocrates. This is still more

strongly remarked from quarter century to quarter century, and in a greater latitude of diseases, so that one quarter may be characterized by the purely inflammatory type in all its diseases, requiring anti-inflammatory measures in their treatment, while the following quarter will exhibit affections of a lower typhoid nature, calling for treatment entirely different from the first. These differences must, of course, be owing, in a great measure, to modifications from without of an external impression or influence, for it cannot be supposed that there would be any sufficient changes or modifications in the body, or, more plainly speaking, in the temperaments or constitutions of individuals, capable of producing such results. It must then be owing to external influences, either atmospheric or telluric, electric or magnetic; or, perhaps, others of which we know nothing. We see and acknowledge the facts, and we must make the most of them. Before the actual outbreak of the cholera in any locality, there was a manifest modification in the symptoms of all diseases, showing a marked gastric predominancy, preventing, in the majority of cases, the exhibition of many customary medicines, particularly those of a nauseating character, and especially so in their larger doses, which it was then the fashion to give. I speak now Allopathically; when I was clouded in error, and had not received the light that was emanating from the shrine of Hahnemann, that blessed light which has shed such a glorious effulgence over the civilized world, and which is destined, in future years, to prove one of the greatest blessings ever vouchsafed to man. I well remember that, at that period, I was obliged to abandon my favorite method of treating pneumonia, a full year before the advent of the cholera in this city—this method was by large and frequent doses of tartar emetic. I was in the habit of giving one grain every hour or two (shade of Hahnemann forgive me!) according to circumstances, but, as I have just remarked, I was forced, much against my ideas of practice at that time, to give it up, on account of the excessive irritability of the stomach to all drugs, and especially to those of a nauseating character, at least six months or one year before the cholera made its appearance in this city. Here was a very manifest and undoubted gradual change in the medical constitution—that change was very slow and gradual, beginning with a scarcely perceptible intolerance of nauseating medicines to total rejection of them at every repetition, so that, at last, they had to be abandoned

in toto in anything like Allopathic doses, which were the only doses known at that day. I well remember reducing it, gradually, to the minutest quantity of supportable activity, but rejection was uniformly the result in the great majority of cases. I again repeat, I had to abandon the antimonial practice, and resort to other medication, not necessary to mention here. This influence was, doubtless, atmospheric—some poison in the air, infusing itself in most minute proportions, causing simple nausea, to full saturation, producing those horrible cases of malignant cholera, which many of us witnessed but too often, and for which there was no cure. Of the nature of this poison, as well as of many similar ones, we shall, probably, never be able to discover, though of late years physicians have been turning their attention more to the investigation of such mysteries than formerly. I am afraid, however, that these investigations will be in vain; there are some things that are not to be found out, and, it appears to me, that this may be one; it is highly laudable, however, to make the trial, as we may only cast a single glance at our knowledge on these points to see how bare and deficient we are, and that, like Newton, standing on the sea-shore, we are mere points in the great mystery of the universe.

It is, indeed, truly sad and melancholy to look back on what has passed, and reflect on how many lives have been sacrificed under the prejudices of a false system of medication—one utterly opposed to the natural tendencies of the morbid system, and evidently calculated to increase and make worse the disease. Can we reflect, for one moment, on these occurrences, knowing that the large majority might be saved, without sadness and despondency—sadness to think that so many *have been* lost, who might have been saved, and despondency, for fear that the future will bring forth no better results, the last owing to the prejudices and ignorance of the mass of the people. How many valuable lives might have been saved to the community! How many good fathers and mothers, who are now sleeping the sleep of the grave, might at the present be in the midst of their families! How many an innocent child cut down, ere it had scarcely breathed the breath of life, might still be smiling sweetly in its mother's arms! How many a youth in the prime of life, and how many a maiden, whose blushing charms were just opening into maiden beauty! It is sad to look back on these bereavements, when the great majority might have been

saved and living at this day. What a commentary on the old school routine practice have the results of this last summer and autumn afforded, and the same may be said of every other. Comparisons only need be made by any unprejudiced, impartial person, and the facts will stand out to view as clear as noonday. I trust I have said enough, and do hope that should this paper meet the eyes of any one who has the least doubt on the subject, that he will take it to heart, and scrutinize what I have said thoroughly, and I am perfectly satisfied, that he will come to the conclusions that have influenced me in writing the above. It cannot be otherwise. Any conscientious Allopath, be he layman or physician, would be obliged, to admit all that I have announced. Would that he could feel himself obliged and forced to practise it also.

As to the treatment of dysentery, I have but little to say, further than that physicians should individualize each particular case—there are probably no two cases alike—prescribe according to the totality of the symptoms in each case, taking into view the causes, temperament, condition, &c., of the patient. I used, in most of the cases, the remedies which are commonly used in such cases, according to the law of Homœopathy. There was one remedy, however, which was a most valuable one in my success the last summer and fall, and which was told me by a layman, so that I did not find it out, as the saying is, by my learning. It was Tincture of Arnica. I may truly say, it was a most valuable remedy in the cases which came under my notice. I administered it by putting six or eight drops of the tincture into half a tumbler of water, and giving the patient one teaspoonful every half hour, or every hour or two hours, according to the severity, more or less, of the symptoms. It generally allayed the pain, in a very short time, and, frequently, the bloody discharges, leaving only a mucous one. The symptoms which seemed to be most benefitted by this remedy were, pain of all kinds attendant on that disease, bearing-down, bloody and muco-bloody discharges, difficulty in passing the urine. When there was much fever, I alternated Aconite, low dilution, with it. In some cases, the Arnica alone was sufficient to perform the cure, sometimes in twenty-four or forty-eight hours; in other cases, I had to continue it some days, and even, in a few cases, follow it up with other remedies usually administered in

these affections, such as Merc., Cor., Ars., Sulph., &c. It was generally, in recent acute cases, that I had the most experience of the benefit derived from it; though, in some few chronic cases, which had been under the care of Allopathic physicians, I also gave it with success, though I suspect that such cases will generally call for several other remedies to perform a perfect cure. I have mentioned above, that I was told of this remedy in dysentery by a layman, and it was found out by him accidentally in the following manner:—He had moved up the river, with his family, for the summer season. His sister-in-law was taken down with a violent attack of the disease. Having a box, he attempted the cure himself, but, not succeeding in two or three days' trial, he came down to the city to consult me. I was absent, having gone down to Washington on business. He consulted no other one, but returned in the afternoon to his country seat, and, not knowing what to give, thought that he would give the strongest medicine in the chest. This was the Tincture of Arnica; all the other medicines being in pellets. To his surprise, she was very soon relieved, and in twenty-four hours, perfectly well, though she had excessive pain and pure bloody and mucous discharges. I myself was surprised when he related it to me, and doubted the fact; but, trying it on the first case which afterwards came under my notice, I soon found that it was true, and proved to be a most valuable remedy in that disease last summer and autumn; I say, last summer and autumn; for all experienced Homœopathic physicians know, that a remedy which may be called the specific, *par excellence*, in one epidemic, will not be so in another similar epidemic of future years. This must be considered and guarded against; for if it should not succeed in future epidemics of dysentery, I hope my brethren will not say that it did not in the last. I hope it will be again tested; I have never seen it recommended in acute dysentery. In Jahr, it is said to be good in typhous dysentery, with little pain in the abdomen, &c., the reverse of what I have seen it beneficial in. In the pathogenesis, we find, urging to stool every half hour, nothing but slime being passed; *frequent small stools, consisting only of slime*; painful pressure in the rectum. Now, these are the nearest approaches, in the pathogenesis, to dysentery, and no one, I think, would prescribe it in dysentery from such symptoms; nor has it been so prescribed, that I have ever heard or read of. It was accidental,

as many of our best remedies, in many diseases, have been purely accidental. I make these remarks, because physicians who bring forward remedies of essential value have been condemned by others of their brethren, who consider that they do not practise pure Homœopathy, because we have no such symptoms, for which the remedy was prescribed, laid down in the pathogenesis. They also condemn us for using a remedy which has not been proved on the healthy subject. I, for one, think they have taken a wrong view of the case. It appears to me, that no matter how we obtain our experience, we ought to receive it, whether from the healthy or the sick. If we find out a remedy that will cure a group of symptoms, which has not been tested on the healthy subject, why not receive it, and give it to another patient having the same group of symptoms? I can see no reason why it should be rejected. I strongly suspect, that even those physicians who rail the most against this practice, frequently make use of these medicines. The Iris, which I introduced into our Materia Medica, a few years since, and which has proved a most valuable medicine in many diseases to me, was tested altogether *in morbis*, and was purely accidental on my part; and so of others, not necessary to mention here. Should we cut these off, we would deprive ourselves of many of the most efficient remedies which we now make use of in the treatment of disease. I do think that these very nice distinctions are more calculated to retard the progress of Homœopathy than to advance it. My creed is, to receive knowledge from all sources, and to reject it from none; like the bee, which extracts honey from everything under the sun, and turns it to good account, no matter whence its source. We must examine both the healthy and the morbid, and let nothing elude our scrutiny; so that the day will at last come, when perfection will crown our science, and we shall be able to contend with disease, as those who go into battle with full assurance of victory, because they feel convinced that the weapons which they wield are such as nothing can withstand.

P. S.—Since writing the above, I have received the February number of the N. A. Hom. Journal, in which there is a very interesting notice of a Report by Dr. Bowers, Physician to the Protestant Half-Orphaned Asylum in the City of New York, giving a

statement of the Medical Department of that Institution. The notice is as follows:—

The Protestant Half-Orphaned Asylum in the City of New York is a charitable institution, which has been in existence for seventeen years, during the last ten of which, it has been under exclusively Homœopathic treatment. At the last anniversary, Dr. Bowers, the present physician, took occasion to present a Medical Report, which has since been printed in a small pamphlet. From this, we learn that there has been an average number of 169 children in the Institution, and during this period, in the words of Dr. Bowers, “there has been no bloodletting in any form, venesection, leeching, nor cupping; no emetic, nor cathartic, nor blister; not a grain of calomel nor opium, not a drop of laudanum nor paregoric has been used, and not more than half a pint of castor-oil. The eight-gallon jug that used to be filled with castor-oil is now used for lamp-oil, and the old medicine case is converted into a wardrobe.”

This is certainly an agreeable change from the practice of the preceding seven years, nor have the results of it been less pleasant. The comparison between the two periods during which the Institution was respectively under Allopathic and Homœopathic treatment, is thus stated in the Report.

“In the first seven years, under the old practice, there were of smallpox fifteen cases and two deaths; also two deaths from scarlet fever the same season, which appears to be the only time when there were any cases of the dangerous contagious diseases. The average annual number of children in the Asylum was 106. The total number under care was 1063. There were 22 deaths, or 1 in 58 of the whole number under care, and 1 in 33 of the average annual number. During the last ten years there have been of

	Cases.	Deaths.
Typhus Fever,	98	4
Cholérine and Diarrhœa,	207	
Asiatic Cholera,	42	10
Dysentery,	150	
Mumps,	20	
Hooping Cough,	86	
Measles,	42	
Erysipelas,	30	
Scarlet Fever,	70	1
Croup,	25	
Varioloid,	27	
Smallpox,	19	

“So that for ten years, under the new practice, there has been no death in this Asylum from Diarrhœa, Dysentery, Mumps, Hooping Cough,

Measles, Erysipelas, Croup, Varioloid, Small-pox, and only one death from scarlet fever, out of an aggregate of 676 cases of these diseases which have been treated. In the last five years there have been of scarlet fever, 59 cases and no death. In the first and second of the last five years, there were four deaths from typhus fever, and ten deaths from Cholera. Since February, 1850, *almost three years, there has been no death.*"

The above corroborates, most fully, the statement I have made respecting dysentery. It will be seen that, during the ten years that Dr. Bowers had charge of the institution, there have been 150 cases of this disease, and not a solitary death. Now, it may fairly and truly be said, that had these cases been treated on the Allopathic plan, there must have been at least twenty or thirty deaths. I fear no contradiction on this point, except from those who are utterly ignorant of Homœopathic treatment and results. What should be the inference from the above facts? It can amount to nothing less than the acknowledgment and full proof of the vast superiority of the one practice over the other. It may be looked upon in another point of view, besides the safety of life, which would prevail, provided all our public institutions were under the charge of Homœopathic physicians; and it is this, that of economy, which, in this utilitarian age of ours, would be a double benefit to the community. If our hospitals, almshouses, jails, and public institutions generally, were all under the administration of Homœopathists, the saving of life and money would be very great. Of the first, there can be no doubt to all unprejudiced minds,—the records of all parts of the world show it; and, as to the second, there is no less certainty,—the monstrous expenditures which the public now have to pay for the support of the medical department of these institutions tends to increase our taxes to a heavy amount. There is, at the present time, a great and very just outcry against taverns, groggeries, &c., causing a heavy tax on the community, which should be done away with by the suppression of these vile places. The same might, with equal justice, be brought forward against all kinds of druggeries, whether in immense private buildings, staring the people in the face to their disgrace, or in more humble public institutions, hospitals, almshouses, jails, &c. Time will, undoubtedly, produce a reformation in all these nuisances; but it is, I am afraid,

afar off. It cannot come too soon; the strenuous efforts of all philanthropists should be daily and hourly exerted towards the accomplishment of so desirable an end. We should endeavor, one and all, to destroy and utterly annihilate groggeries and druggeries, and all such nuisances, which now fester on the surface of the community, showing something rotten within, and renovate our physical nature; thus making man what he was intended by his Maker, *sana mens in sano corpore*. There is no reason, under the sun, why all men should not live until they are eighty or one hundred years old, and that healthy, too. But this will never be, so long as they poison their constitutions by rum, tea, coffee, tobacco, and all the abominable drugs which interested persons vend and administer to them, beginning with the earliest breath of life, and continuing so long as that breath lasts; for even in *articulo mortis*, the doctor conceives it, all *secundum artem*, still to drug his patient. In the language of the ghost in Hamlet, we may well exclaim—Horrible, horrible! O! most horrible!!!

CHRONIC CATARRH AND EMPHYSEMA.

BY DRs. WURMB AND CASPAR.

(Translated from the Homopathisch-Klinische Studien, by H. C. Angell, M.D.)

AN attack of primary chronic catarrh, free from all complications, as a disease of itself, gives so slight trouble, and is generally considered of such insignificance, that those affected are not easily induced to visit an infirmary for its treatment. Nor is it in its complicated form more available for hospital practice, for so soon as the accompanying disease is removed, the patient applies for dismissal. No one remains to be treated for catarrh alone. In our cases, almost without exception, it has been complicated with other diseases, among which emphysema has been the most prominent. For this reason, and because every violent, and particularly every frequently recurring attack of chronic catarrh tends to induce emphysema, and moreover, so soon as the catarrh is once esta-

blished it affords a strong foundation for the commencement of the other, we have considered it proper to speak of both these forms of disease under one head, as though they were inseparable, although the anatomical lesions on which they depend are essentially different.

We had an opportunity of treating fourteen cases of chronic catarrh, complicated with emphysema, viz. :

10 cases occurring in males,
4 " " females.

The patients, with the exception of a woman of 25, were all above the age of 40, and all belonged to the working classes. In all, the disease was of many years' standing; neither the date nor manner of the commencement of the attack could be ascertained in either of the cases; the symptom first noticed, generally, being an uncomfortable feeling about the breast.

Our fourteen cases were all of them of the severer form, for it is generally the case in chronic catarrh and emphysema, that so long as the disease is of moderate severity, and the attacks are not remarkably violent, no physician is sought; but so soon as the disease attains a severer grade, and difficulty of breathing, with interruption of the process of sanguification occurs, then medical aid is first sought.

Although emphysema at its invasion is a curable disease, yet upon this point we have had no experience. We only know that later, a perfect cure is out of the question, because the removal of the changed texture which lies at the bottom of the difficulty, is impossible. The mucous membranes become thickened and relaxed; their secretions in relation to the quantity and their nature are altered; sometimes increased, sometimes diminished, sometimes watery, then bloody, &c. The walls of the vessels and of even the smaller bronchi themselves become expanded and lose their elasticity; the former are frequently destroyed entirely, and greater or smaller holes are formed, which are filled with mucus or air; between the expanded cells we find others, which from continued pressure become atrophied or obliterated. This condition of the parenchyma of the lungs obstructs not less the circulation of the blood than it does that of the atmospheric air; indeed, the former is especially impeded, from the fact that the capillary vessels are

themselves affected by the atrophy and obliteration of the air-cells. The lungs cannot contain their normal quantity of blood, and the surplus is forced back upon the heart, occasioning enlargement of the vessels and impeding the circulation; we find a slow pulse; an accumulation of blood in the parenchyma and capillaries; cyanosis, &c. From these mechanical obstructions results a prostration of the circulatory system, which is rendered still greater by the failure of the proper oxidation of the blood, the support from which can be but scanty; dropsical effusion in the cellular tissue, and in the larger cavities ensues; general debility; emaciation, &c., if death does not sooner end the scene.

Although a perfect cure of the emphysema is beyond the power of the physician to accomplish, still he has the power of improving the condition of the patient, of preventing the recurrence of the aggravations from time to time, or of speedily ameliorating such attacks when present, and of retarding the setting in of combinations or complications.

We have seen the most violent oppression and attacks of cough relieved in an almost incredible short space of time, the cyanosis vanish to a minimum, and a feeling of comparatively good health ensue; a sensation which the patient had not before enjoyed for a long period. These beautiful results we have observed not merely in one or another case, but almost in every instance, although they were cases of great severity, generally. Our confidence in the efficacy of Homœopathic remedies became so fixed, that at last, we hesitated not to declare, with certainty, our belief in the speedy improvement of the patients, and this to the astonishment of a physician, who, a novice in Homœopathy, had, until he sought our opinion, labored under the impression, that in such cases there remained nothing to do but to narcotize the patients, or to give them up to their fate.

In the treatment of emphysema our efforts should be directed to the improvement of the state of the system generally, and particularly to that of the circulatory system, and should be directed also, as much as possible, to the assistance of nature in throwing off the hindrance to the circulation from the minute affected parts of the parenchyma of the lungs, to strengthening the same, and to the relief of the stagnation, thereby promoting a return of health and strength.

To this end, according to the law of similars, it is necessary to take into consideration all the remedies which have for their pathological effect the reduction of the energy of the system; and among them, those especially are to be considered which have a direct influence upon the blood, and at the same time act decidedly upon the air-cells, and upon the mucous membrane of the smaller bronchia. These remedies are Carbo veg. and especially Arsenicum.

Carbo veg. is one of the most excellent remedies in its action upon the blood. Its symptoms are almost nothing else than a complex of indications of the exhaustion of the vital system, and the decomposition and destruction of the substance of the organism; therefore this remedy offers frequently the only means of saving those severe cases in which the organic system and vitality are so reduced that although life remains, the mechanical and chemical processes are almost dead. This remedy has also a direct action upon the mucous membrane of the air-passages; in a word, it corresponds to every condition of the disease which we have given. Carbo veg., notwithstanding, does not come into use as often as might be imagined; because it can only be the true Homœopathic remedy in the *torpid form* of chronic catarrh, marked by a *sunken condition* and *want of reactive energy* of the system, which condition is far less frequently met with than the opposite one, i. e. *an exalted state of the reactive energy*. If, therefore, we have a case of chronic catarrh for treatment, characterized by a state similar to the former, we could not hesitate for a moment in the selection of a remedy appropriate; for the indications generally are so clear that it is almost impossible to mistake or overlook them. So is reflected in our farther illustrations and examples below, not only the universal characteristics of Carbo veg., truly and faithfully, but also those isolated symptoms to which our remedy so perfectly corresponds.

Arsenic, however, is much oftener indicated; for chronic catarrh affects the system almost always very differently, or causes a much more peculiar appearance. But this disease also involves organs too important, and too intimately related to the rest of the organism, to allow the latter to remain passive, and not to incite sympathy and opposition to act their part. Its extreme is characterized, particularly in strong individuals, not unfrequently, by a state in which it seems as though their whole energy was directed

against it ; by a very violent and dangerous reaction, which is followed or accompanied by an aggravation of the disease itself. If we observe a patient during an attack like this, we shall find the arterial system in the greatest excitement, the heart and arteries beating heavily, the breathing difficult, almost to suffocation ; bluish appearance of the skin, particularly about the face ; delirium ; and later, complete prostration. Already during the attack appears the forerunner of the beginning, decay of the substance of the organism, and of the exhaustion of the vitality. From the over-filled capillaries, the watery part of the blood, or that part inclined to decomposition, penetrates the different tissues and cavities. Blood from the lungs and from the intestines ; ecchymosis or oedematous infiltration ; exudation perhaps upon the brain ; the strength prostrated ; all activity paralysed. This feature of chronic catarrh which we have unfolded, has among the newly proved remedies none which in their physiological effects, in the exhaustion and dissolution, resemble it so nearly as the polychrest Arsenicum. Indeed, the similarity is so perfect, that the most minute symptoms are embraced as well as the more general characteristics. From our observations it will be perceived that Arsenic is the remedy when there is a violent reaction of the organism, when all the strength of the system is directed against the disease, and there is the most violent disturbance of the arterial and nervous systems.

L. Jacob, æt. 50, a mechanic, had suffered for more than ten years with a cough, which from time to time, particularly in the spring, became worse, but which upon the whole was nevertheless of little trouble to him. Respiration oppressed only from severe bodily exertion ; since three or four months, however, the difficult breathing has occurred oftener and with more violence, and for the last three weeks attacks of cough and dyspnœa had occurred very frequently, and were always violent, lasting sometimes many hours, and seldom disappearing entirely. These aggravations were more severe at night, compelling the patient to leave the bed and rest the head upon something, this being the only position in which he could breathe ; with these symptoms were associated, for the last three days, a stinging pain in the breast, headache, and inclination to vomit after a paroxysm of coughing.

Condition of patient at commencement of treatment, Feb. 11 : He is strongly built ; countenance wears an anxious expression ;

skin about the lips of a light bluish tint; eyes slightly injected; chest broad and well rounded; the intercostal spaces wide and prominent; percussion full over the entire chest; impulse of the heart felt and heard towards the stomach, from pressure of the heart in that direction; the diaphragm is pressed downwards towards the abdominal cavity; auscultation reveals a rough and fine rattling sound; breathing short and quick; cough very violent; generally of short duration, only occasionally a severe paroxysm, which when occurring, forces him to sit up quickly and hold fast to the bed-clothes. During the attack the face becomes swollen, of a bluish red color and hot; cold sweat upon the forehead; expression manifests the greatest anguish; the heart beats heavily, and the patient falls at last into a state of torpor, from which he is aroused only by the next paroxysm of cough. The heart's impulse is also violent when not suffering from an attack; pulse 90 per minute, small and sometimes ceasing entirely; the liver overreaches the ribs for a finger's breadth; the feet œdematous about the joints.

Subjective symptoms: Patient complains almost continually of oppressed breathing, which is sometimes ameliorated by the cough, sometimes not; oppression about the chest, and often returning feeling of anxiety; stinging pain in the head posteriorly, especially during the cough; want of appetite; violent thirst; drawing, tearing pain in the feet; sensation of heat, either general or confined to the head; feeling as if boiling water were poured into the chest.

The attack is worse on lying, and aggravated particularly by lying on the right side; the most violent symptoms appear at night; sleeplessness.

We administered Arsenic. The result was surprising: the dyspnoea was relieved almost immediately; the paroxysms of cough recurred less often; circulation entirely reduced, pulse sinking to 72.

4th day. Patient felt almost well, and thus remained until the 8th day, when oppression of the chest and frequently recurring attacks of cough appeared; symptoms otherwise moderate.

After about four weeks, a change for the worse returned, and the following symptoms presented. Violent dyspnoea, almost constantly present; severe attacks of cough, and great anxiety; oc-

casional expectoration from great effort, copious, watery, and mixed with small lumps of pigment; cyanosis of the face, and superior and inferior extremities; feeble impulse of the heart; pulse 64, small, soft, and weak; œdema of the feet; coldness of both the hands and feet; weakness and disposition to fall.

We gave Carbo veg. Under the use of this remedy the patient recovered speedily and safely; his strength returned; the cyanosis for the greater part vanished; the swelling of the feet disappeared entirely; cough severe only in the morning, and accompanied by moderate expectoration of mucus. The patient after nine days was able to leave his bed, and as he experienced no difficulty in breathing from exercise during the succeeding eight or ten days; he left the Hospital and resumed his business; he had been confined in the whole for two months.

About a year afterwards he came to us to be treated for a paronychia on the right middle finger. This gave us an opportunity of learning that, during this time, he had enjoyed almost uninterrupted good health; whenever an attack of dyspnœa had occurred, he had resorted to some globules of Carbo veg. 30, that we had provided for him, and which had always, in such cases, afforded him speedy relief.

At the commencement of this case, the system being in so excited a condition, no corresponding remedy other than Arsenic could have been selected. Later, however, the scene was changed. The feeble impulse of the heart, the slow pulse, the diminished temperature of the limbs, the cyanosis, the passive watery exudation, the sunken state of the arterial system, the impaired condition of the dynamico-chemical process between the respired air and the blood, the great prostration of strength, so that it was insufficient for the removal of the accumulated mucus in the bronchia, causing continual obstruction to the respiration—in short, the evidences of prostration of the reactive power pointed to a new remedy, and to Carbo veg.

E. George, æt. 58, had been suffering for the last fourteen or fifteen years from frequent attacks of catarrh, and for the last three years so constantly, that he had seldom been free from it. He had at first oppressed respiration from severe exertion only, but at last he suffered in the same way from slight exercise, and

indeed, for six or seven months preceding, he had suffered constantly from dyspnœa, producing an inexpressible feeling of anguish. As the attacks were growing more and more frequent, and were excited by speaking and every movement, his strength decreasing, and his situation since eight days becoming visibly worse, he sought our aid on the 16th of January, his case presenting the following appearances:

Body large and strongly built; lips, mucous lining of the mouth and the extremities, bluish red; temperature, especially of the head, very much increased; eyes slightly injected; chest well rounded, particularly on the left side; intercostal spaces broad and prominent; full sound on percussion over the entire extent of the thorax, except at the superior part of the right side, here a less normal sound; heart pressed towards the stomach; diaphragm pressed downwards to the ninth rib; liver overreaching the ribs two fingers' breadth; breathing short, quick and anxious; auscultation reveals much rattling and whistling, and on the right side, inferiorly dry crepitation; cough almost constant, occurring in violent paroxysms, and attended by the following symptoms. Swelling of the face and anxious expression; eyes projecting from their sockets; respiratory muscles in the greatest activity; expectoration of partly viscid, glairy, and partly fine frothy matter. Every attack exhausts the patient so, that he sinks back unable to speak, as if paralysed. Heart's impulse violent; pulse 92; no stool since three days.

Patient very restless, anxious, and hasty in speech and movement, frequently seeking his couch for relief; complains of continued difficulty of breathing, and feeling of suffocation and anguish about the chest, particularly on lying; consequently he sits in bed most of the time, with his body bent forward; constant tickling in the throat; severe burning under the sternum; beating pain behind the false ribs and in the groins; dizziness; occasional deafness; headache; violent thirst; temperature of the body increased; great weariness; sleeplessness, or sleep disturbed by frightful dreams.

He received Arsenicum twice a day.

After two days, the more troublesome symptoms vanished; temperature normal, pulse 76; could enjoy refreshing sleep for an hour; after a week he was able to leave his bed; cough was

moderate; expectoration slight; dyspnœa occurring only seldom and never severe; pulse 68.

24th day: we found him in a peculiar state of excitement; he spoke much and hastily; was sure he was well; wished to leave the Hospital; his eyes glanced and were continually in a rolling motion; temperature heightened; pulse 90.

This condition we took to be the effects of the Arsenicum, and suspending its use, the patient soon recovered his former state.

35th day: we resumed again the Ars. Two days later an aggravation similar to the preceding returned, together with an increase of cough and dyspnœa. We therefore discontinued the use of the Ars. entirely, and the 39th day administered *Lobelia inflata*. From this time forth, the relative health of the patient remained undisturbed. The paroxysms of cough were milder and occurred less often; respiration almost unobstructed, and the patient was able the 48th day to leave us, and in a situation to resume his business as gardener.

After eight months the patient appeared again; he had in the mean time enjoyed tolerable health, was seldom troubled with severe attacks of dyspnœa; but as he had at this time almost the entire symptom of his old disease, in a somewhat aggravated form, we prescribed Carbo veg. He did not again return, leading us to suppose that the improvement in his condition was permanent.

In the treatment of this patient we committed two errors: the first, that we continued the Arsenic too long, and administered it too often; this we do not so much regret, as it gave us an opportunity of observing a Homœopathic aggravation; but we do regret the second error, that of recurring to the Lobelia, because it disturbed our pure observations upon the effect of the Ars. previously exhibited.

The Lobelia was in this case entirely superfluous; for the Ars. had already modified the conditions of the disease, and its action should not have been disturbed by the administration of another remedy.

Not so superfluous, however, though not indispensably necessary, was the employment in three other cases of Conium and Hyosciamus. In these cases, after the most violent symptoms of the catarrh had been subdued by the use of Ars. or Carbo veg., a moderate but very troublesome, and constantly returning, tickling

night cough made its appearance. In the two cases in which *Conium* was serviceable, the cough was not entirely dry, but there was a tough, viscid expectoration; but when in the third case the cough was entirely dry, irritating, and as it is called spasmodic, we gave *Hyos.*

We have used *Ars.* or *Carbo veg.*, as the principal remedies, either singly or conjointly, in our treatment of chronic catarrhs, because they have seemed most indicated in the particular cases, and not because we consider them as the sole remedies.

As we have not intended to write a monograph on chronic catarrh, to which end our small number of fourteen cases would be entirely insufficient, we have confined ourselves solely to our own observations. We must, however, answer the question as to what remedies besides those employed by us, might be serviceable in this disease.

The most common and dangerous diseases with which chronic catarrh is usually complicated, are acute catarrh, and in old persons inflammation of the lungs. In the first, the disease is ever growing worse; the latter may cause death, as has occurred in two cases with us, one in a man of 62, the other of 66 years. Should either of the diseases above referred to, be associated with chronic catarrh of a high grade, the latter, as the most important, should deserve our first consideration in the choice of a remedy; and in most of these cases *Ars.* would be necessary; but if the catarrh is of moderate severity, the accompanying disease is to be first attended to. We have attended three cases of chronic catarrh complicated with the acute form; in two cases *Acon.* afforded speedy relief, and in the other case, *Hepar, Sulph., Calc.*

Of chronic catarrh complicated with pneumonia, we have had four cases; two of them died, and the two remaining recovered (i. e. of the pneumonia). The last was a woman of 25, the history of whose case affords some interest.

She had suffered since childhood from shortness of breath, and stated also that she had been subject to affections of the chest, of an inflammatory and dangerous character. The day previous to coming under our care, she had a violent attack of dyspnoea, high fever, stinging pain in the right side, particularly on coughing. The physician who was called bled her, the effects of which rendered her worse, and on the 21st of November she came under our care in the following situation.

She was rather strongly built; temperature heightened, especially about the head; entire face bluish red; lips dark purple; limbs cyanotic; breathing short, and so laborious, as to bring into requisition the muscles of the face and neck; a whistling, rattling sound, audible at a distance, in the trachea and chest; speaking and the least movement increases the dyspnoea almost to suffocation. The cough is short and occasions great anguish; chest well developed, especially about the middle line; intercostal spaces very large; sound on percussion sonorous over the entire extent of the chest, except posteriorly from the sixth rib downward, where it is empty and tympanitic; auscultation reveals distinctly, a minute and moist blowing, rattling sound, and posteriorly and consonant with this a rattling, bronchial respiration. The heart is covered and pressed downward to the ninth rib; its impulse felt deep in the region of the stomach; pulse 140 per minute, and weak; expectoration scanty; sometimes copious, frothy, and bloody; liver extends beyond the ribs; abdomen normal.

Patient complains of a feeling of suffocation; stinging pain in the right side, which is aggravated by breathing and movement; mind wanders occasionally; insatiable thirst; violent heat, especially about the head and breast.

Therapeutics.—The collection of mucus in the bronchi, and the threatened complication of the lungs, induced us to employ *Tart. Emet.*, a remedy whose prominent physiological effect is to paralyse the activity of the lungs and the circulation.

Already within two hours we saw our end accomplished, the dyspnoea entirely relieved. Coughing and much effort effected the expectoration of a quantity of tough, bloody mucus, which ameliorated the symptoms generally. The improvement progressed so rapidly that the next morning we considered our patient out of danger. The rattling in the trachea, which could be heard yesterday at a great distance, had almost entirely ceased, and auscultation revealed diminished abnormal sounds.

After three days, patient felt almost entirely well; could speak and move herself; the pneumonic infiltration had proceeded no farther; the pleuritic pains had entirely disappeared.

9th day: not a trace of the infiltration could be detected.

11th day: she had a return of the dyspnoea, the mucous rattling, and violent fever. We had recourse once more to *Tart. Emet.*, which we had discontinued five days previously.

The next day there appeared upon the surface of the skin a moderate number of red spots, which gradually assumed the shape of leaves, then disappeared readily, without our interference.

22d day: Patient left us, assured that her health had not been so good for a long time previously.

Among the other cases, we had one complicated with pneumonia, in a man of 55 years; he had inflammation of the inferior lobe of the left lung. He had long suffered from chronic catarrh of moderate severity. We administered *Sulph.*, and after six days every trace of the hepatization had vanished, so that the patient was able to leave us with but slight trouble from his chronic affection.

In chronic catarrh the lungs are inclined to partake of the inflammation; but this is a part of the subject we are not prepared to discuss, having had too few opportunities to make observations upon it. In the two cases which we treated, we kept *Carbo veg.* constantly in view, to relieve the weakened and relaxed condition of the mucous membrane, and restore its healthy secretion. Whether this remedy really accomplished anything, or whether the patient would have recovered as rapidly without it, are questions which we cannot answer; for in the next case, and the most brilliant one, it remains doubtful, although the improvement occurred directly after the use of the *Carbo veg.*, whether it should be ascribed to the treatment or not.

L. Elizabeth, 31 years of age; strongly built; had suffered frequently from catarrh, sometimes associated with dyspnœa; moderate expectoration, which, within a few months, had been streaked with blood; menstruation regular; had occurred eight days before, but this time had not continued so long as usual, only three or four days. The following symptoms soon presented themselves: moderate cough, with violent tickling in the larynx and beneath the sternum on the left side; continued dryness in the throat; slight expectoration, and only from great exertion; weariness; want of appetite; at times during the first two days, flushes of heat soon succeeded by cold. Hoarseness was also present at the commencement, which resulted the third day in aphonia.

8th of January, 1850, we found the following symptoms. Temperature normal; sound on percussion in the region of the back, superiorly, on both sides, comparatively clear. Auscultation revealed a sharp sound, and during deep inspiration a dull and indis-

tinct rattling. Voice entirely lost; cough seldom dry; she is obliged to hawk or cough constantly; expectoration very slight, and consists of a serous fluid mixed with small gray lumps of mucus. Pulse 80.

Patient complained of weariness and slight pain in the region of the sternum; continued sensation of dryness in the throat; tickling, scraping, and burning in the larynx and back part of the throat. She felt after every paroxysm of cough a continual burning under the sternum, stinging and soreness on both sides of the chest. From time to time she experienced a feeling of contraction in the chest, which was alleviated by a deep inspiration.

We prescribed Carbo veg., and the aphonia was relieved the same day. 10th of the month: the voice, though still hoarse, was loud, otherwise the patient felt entirely well.

12th: the hoarseness had almost entirely vanished; moderate cough and easy expectoration of mucus. At this time the patient left us.

Did the Carbo veg. in this case produce the rapid change, or did we perhaps administer the remedy at that moment, when the condition of the catarrh, resulting from dryness and swelling of the mucous membrane, was about to change to the stage of mucous expectoration?

Upon this point we can give no explanation.

ANEURISM OF THE HEART AND AORTA.

A HOMŒOPATHIC NON-CURE.

BY A. E. SMALL, M.D.

SAMUEL G. McLEAN, æt. 37, became suddenly ill during the spring of 1852, with what was termed a valvular difficulty, by his medical attendant, about the heart and principal arteries, for which he was treated allopathically, until the following December, a period of about nine months, at which time the writer was called upon to take charge of the case. When first called in the following symptoms were observed: 1st. An intense pulsation of the carotid arteries, clearly discernible above the clavicle on each side; 2. Inability to

lie down for any considerable time; 3. Unable to bear any clothing about the neck, because it produced a strangling sensation; 4. Frequent retchings and straining to vomit; 5. Great tenderness of the spine near the inferior portion of the dorsal vertebræ, that rendered it exceedingly painful to lean back against any hard substance; 6. Oppressed respiration and dyspnœa; 7. A disinclination to take food; 8. The cardiac portion of the stomach seemed to be swollen, and exceedingly tender to the touch; 9. The pulse at the wrist was very full, hard and tense, about 106 per minute; 10. The whole abdomen seemed slightly swollen, yet the bowels seemed to be moved without difficulty, and the evacuations appeared of a normal character; 11. The feet were considerably swollen, as were also the entire lower extremities; 12. Moderate exercise seemed to interrupt the function of respiration, and compel him to labor intensely to inflate his lungs by inspiration; 13. When he attempted to lie down he would experience a sensation of smothering, and on rising up, he would appear to suffer from spasmodic asthmatic symptoms. On inquiry into his past history, it was ascertained that for three years previous to his illness, he had been surrounded by circumstances that caused him intense mental emotion and anxiety, and that his previous medical treatment had been of rather a severe character. The undue action of the heart was attempted to be controlled by the administration of *Digitalis purpurea*; and for the œdematous condition of the lower extremities, remedial means were sought for among the hydragogue cathartics. And this treatment afforded him, according to his own statement, temporary relief at first; but the necessity for a constant recurrence to the remedies, rendered them ultimately of no avail, except to increase his sufferings, and he had of his own accord refused the further resort to them. On the 29th of November, about ten days after he had ceased taking Allopathic remedies, the writer prescribed Ignatia the 6th attenuation, two doses daily until some change should be manifest.

Visited him on the 2d of December, found his appetite somewhat improved, but no mitigation of the other prominent symptoms. Ignatia was continued; visited him again on the 5th, found his pulse less tense, and a slight mitigation of the action of the heart; ascertained that the patient had been able to lie down for two hours at a time, but when he slept, he was annoyed with the

most frightful dreams. The inclination to retch seemed to be the most prominent symptom, and this was attended with a great deal of distress about the stomach. Prescribed Ipecacuanha 6th, which for a time relieved the retching. Visited him on the 10th, found his stomach had been in a better condition, but the action of the heart had become more prominent, and the beating motion perceptible in the carotids seemed somewhat increased. The writer remarked to him that his heart appeared to do double duty; he appeared very much oppressed about the chest; he complained of a great weight about the cardial region of the stomach; he also complained of burning in the stomach and acid eructations; his tongue exhibited a white coating. Prescribed Arsenicum 12th. On the 13th, found he had derived no benefit. Prescribed Lachesis, 12th. On the 15th found him somewhat improved, the action of the heart still very prominent, and the acidity of the stomach with burning also without mitigation. Prescribed Lyc. 6th. On the 17th found him in good spirits, and apparently much relieved. Continued to visit him every two or three days for a number of weeks, during which time he remained much the same. In the mean time a number of remedies were prescribed, according to indications, all of which failed of affording any desired relief. About the 1st of February, 1853, his feet and legs had become very much swollen, and the appearance of suffocation when he attempted to lie down, led to the prescribing of Apis mel., and a slight mitigation of the œdematous condition of the lower extremities followed; but the pain and distress about the heart seemed very much aggravated; finding that the case baffled the influence of all the remedies tried, according as they seemed indicated, a serious organic difficulty beyond the reach of remedies was more than ever apprehended. Attention was directed to the mitigation of the sufferings of the patient from day to day, by different remedies, until March 29th. During the whole time he had kept about the house, some days more comfortable, and others weighed down by the most agonizing suffering. On the night of the 29th found him in the agonies of death, though his mind had remained cheerful and sensible to the last struggle, which took place at half-past three o'clock in the morning. According to his own request when living, and the desire of his friends, a post-mortem examination was made on the afternoon of the 30th, conducted by Dr. W. A. Gardiner, assisted by the writer and Dr. T. C. Williams.

APPEARANCES AT THE POSTMORTEM EXAMINATION.

On opening the chest, the pericardium was found very much distended, but only a moderate quantity of serous effusion was to be found. On opening the pericardium, the most enormous enlargement of the heart was apparent. It was more than four times the usual size, and filled at least one-third of the cavity of the thorax, compressing the lungs on either side, which appeared to be free from disease. The pressure of the heart upon the diaphragm had evidently compressed the cavity of the stomach, causing it to bulge out in front, so as to give it the swollen appearance. On dissecting up the pericardium, an enormous aneurism of the aorta was disclosed, that extended from the heart to the superior portion of the arch, and an immense widening of the vessels above. It was also discovered that an extensive ossification had taken place around the semilunar valves, extending upwards into the aorta; and numerous spiculæ of bone were found on the walls of the vessel above. All of which served to disclose the formidable character of the disease with which the patient had been suffering, as well as the utter impossibility of affording complete relief by remedial means.

CONSUMPTION AMONG PRINTERS.

BY M. M. MATHEWS, M.D.

THE unusually frequent occurrence of any one disease in a particular class of persons, who are scattered throughout the community very justly demands the scrutiny and investigation of the profession, in relation to its origin and predisposing causes; as well as the probability or possibility of remedying the evil, thereby relieving the sufferings, and prolonging the lives, of many useful and valuable citizens. That this is the case with the fraternity of Printers, in reference to the above disease, is clearly proven by observations no less than by the bills of mortality of all our principal towns, which exhibit a larger proportion of deaths from consumption,

among this, than any other class of mechanics. It would be an easy task were it necessary for my purpose, to show that more than half of all those engaged in our printing offices, whether as compositor, pressmen, or devils, fall a sacrifice, earlier or later in life, to this unrelenting malady. Especially is this true of those who have been so unfortunate as to inherit, either a scrofulous diathesis, or a predisposition to affections of the lungs. No person, to whom has been transmitted this inheritance, should attempt to spend successive years in a printing office, without the most careful attention to regimen, and exercising frequently in the open air. Our observation would lead us to infer, moreover, that not only those who are thus predisposed become the subjects of this disease, but that it is frequently acquired by printers of previously healthy constitutions, as a consequence of the circumstances under which they perform their daily labors.

These things being true, the following inquiries readily suggest themselves. 1st. Why is it that printers are so much more liable to consumption than other mechanics? 2d. Why, in them, do the lungs suffer more than any other organs of the system? In answer to the first inquiry, we admit, that much of the difficulty is owing to the illy ventilated and badly constructed rooms, generally occupied as printing offices; from which frequently not only the air is too much excluded, but the light of the sun is mostly shut out. In large cities, this occurs more particularly in what is called the "press room;" which is usually some dark, damp basement, but too well adapted to the generation and retention of all noxious effluvia, arising either from the locality, or the materials used in the operation. Another, and still more potent cause, however, arises from the nature of one of the articles used in the process of printing. It is doubtless known to all chemists, who have investigated this subject, that the compound known as *Printer's Ink*, contains a volatile, poisonous principle, generated in the linseed oil (which forms its basis), by the severe chemical process to which it is subjected in order to render it suitable for that purpose. This poisonous principle, in consequence of its extreme volatility, readily diffuses itself throughout an office or room, where the ink is exposed to the air, particularly if the room is warm. Strangers on entering an office, readily detect it by its nauseous and disgusting odor; but those persons who spend most of their time in an

atmosphere loaded with it, become, so far as their sense of smell is concerned, insensible to its effects, and therefore do not notice it.

Not so, however, in reference to its operation on their respiratory organs. Being brought directly in contact with these, by inhalation and absorption, it at times produces the most violent inflammations, but more frequently a lower grade of irritation, having a decided tendency to develop Tubercular Phthisis. If the atmosphere of a room, the walls of which are covered with paper prepared with *Scheele's Green* (arsenite of copper), becomes so impregnated with that poison, as to cause disease and death in those who inhabit it for any length of time—a fact now generally understood and admitted—why may not the acrid principle developed in linseed oil, by the process of the ink-maker, when inhaled for a series of years, have a like deleterious effect upon those who are thus exposed to its influence? We may at least reasonably infer, that persons laboring daily in an atmosphere charged with *any* poisonous principle, must eventually find themselves suffering from disease of those organs on which its action is principally spent.

In reply to the second interrogatory, we contend that printers suffer more frequently from disease of the lungs, than any other organs of the system; first, in consequence of this acrid principle or poison, being applied directly to the lining membrane of the bronchial tubes and air-vesicles, through the medium of the atmosphere; and in the next place, by possessing an elective, or specific action upon them, causing (when in sufficient quantity) inflammation and ulceration; not only of their mucous surfaces, but of their entire structure, thus becoming the immediate exciting cause of tubercular depositions.

This is well understood by every printing ink manufacturer, consequently great efforts are made by them to mask or cover this volatile principle, by the addition of some aromatic substance, which may possibly modify somewhat its disagreeable odor, but not in the least destroy its irritating effects upon the lungs of those who are constantly inhaling it, as merely combining with it an agreeable perfume, cannot neutralize or destroy its specific operation. It would be well on this account, for persons laboring under chronic disease of the throat and lungs, to avoid reading recently printed papers, until perfectly dry and this effluvia has escaped. So well are some individuals aware of its injurious effect upon them, that they

never allow a fresh paper brought into their rooms, until dried by passing over it a heated iron. Of any such advantage, however, the printer can never avail himself. He must work day after day, and month after month, in an atmosphere fully charged with this poison; breathing it over and over again, until his system is completely filled with it, and he finds himself attacked with symptoms of incipient Phthisis. Ignorant, probably, of the cause of the difficulty, he still continues his occupation, until the advance of the disease, with the rapidly increasing emaciation and debility, compels him to abstain from labor altogether. This, too often occurs so late, that even the best medical skill proves insufficient to prevent a fatal termination.

In view of these facts, I propose to inquire whether there may not be some other combination of materials, substituted for this poisonous Linseed Oil Ink? Has not chemistry produced some other article, free from this poisonous and unhealthy quality, that may be used as a basis for this indispensable compound, which instead of predisposing those who use it to an incurable disease, may have upon them an invigorating and healthful effect?

ON THE USES OF THE BEARD.

BY A—— F——, M.D.

(Extracts from a Popular Lecture.)

THE most important subjects, if properly presented, are the most interesting. The love of life is our strongest passion. Health, the foundation of all comfort and enjoyment, is of paramount importance, and we cannot avoid being attached to the science which teaches us how to preserve and restore that first of blessings. With all the general curiosity and interest, there is no subject of such vital importance as health, and on which there is such a general ignorance. We understand everything better than the laws of our own being. We are familiar with the laws that regulate the universe. We study the conditions of all material sub-

stances ; investigate the characteristics of plants and animals ; in short, we study astronomy, geology, chemistry, botany, mineralogy, &c., while we neglect our own anatomy, physiology, and pathology ; but the spirit of free thought and bold investigation, will overhaul our boasted science, and the mysteries of medicine, law, religion and politics, will be brought to the test of universal knowledge. It is humbug that seeks to shroud itself in darkness : truth seeks the light ; and those philosophers, of whatever school, who are the most truly conscientious, will be the most anxious to have the claims of their science submitted to a calm, yet searching investigation. We should each be able to say with Hering, "I have desired the truth above all things, because it gave me more pleasure than anything else." It is to the neglect of the study of the laws of life, that we may attribute a very large proportion of the diseases, physical and mental, to which we are so notoriously subject. What is the most worthy study in which man can engage ? is it not that of man himself, and consequently of those natural laws which are constantly exerting so powerful an influence upon him ? There doubtless exists, between the laws of nature and the requirements of man, such an adaptation as will tend to render him happy ; hence the nearer he lives in harmony with these laws, the greater will be his chance of happiness ; nay more, he cannot transgress against them without a certainty of punishment, and consequent unhappiness.

Human laws are often arbitrary, unnatural, and vicious, and may be violated with impunity. They are often differently interpreted for the rich and for the poor. Wealth and interest frequently shield from their punishment, or crime may escape detection. Again, the punishment not being a direct consequence of the crime, may be either inadequate to the offence, or disproportionably severe. And lastly, human legislators often consider the animus in which the deed is perpetrated, allowing for the greater ignorance or wisdom of the criminal.

With the laws of Nature, the circumstances are all reversed. Nature being herself the legislator, the interpreter, and executioner, will brook no appeal from her decision ; neither wealth nor influence, can protect the culprit against the punishment, which is invariably in proportion to the violation of the law on which it is consequent. Farther, Nature recognises no difference between the ignorant vio-

lation, and the wilful defiance of her laws ; either will be equally punished with the other.

Hence, as the plea of ignorance cannot avail us, if we will avoid the punishment and enjoy the reward held out to us by Nature, there is no other course left us, than to make ourselves as intimately acquainted as possible with the operation of these laws.

This study is entirely a matter of observation : we note the facts, and so compare the observed phenomena, as to establish between them the relation of cause and effect : farther we cannot go ; we cannot explain their *modus operandi*. Take, for instance, the law of gravitation, the existence of which Sir Isaac Newton discovered ; from observing its operation, he was able to describe the constant, never-varying phenomena dependent on the action of the law ; but farther to explain the law itself was beyond the limit of even his intellectual power.

Astronomers have described with great accuracy the positions, motions, and relations to each other, of the heavenly bodies, but have never succeeded in demonstrating the springs of their power.

We know that our earth has for centuries pursued her untiring, and undeviating course around the sun, propelled in the diagonal of two forces, the centripetal and centrifugal ; and when we say of the former, it is a power of attraction between the sun and the earth, and of the latter, it is a power of propulsion between the same bodies, we have said all we know ; we cannot even guess at the nature of these powers.

Did time permit, it might be interesting to describe other operations of Nature, which exist in innumerable variety throughout the universe, amid those incalculably distant objects, whose gigantic proportions are only to be revealed through the most powerful telescopes ; or among those microscopic atoms, millions of which heaped together, would constitute a point hardly visible to the naked eye, all equally perceptible, and at the same time equally inexplicable.

The natural laws are fortunately constant in their operation, ever to be depended on. What was one thousand years ago, is now, and will be to the end of time, independent of all human or other extraneous influence, either to maintain or to destroy. Suppose the operation of the law of gravity to be one moment suspended, and where would we be in the next ? whirling each in a direction

opposite to the other, and the whole exploded like a fired powder-magazine. Imagine a like nullifying of the centripetal force; and our world, instead of, as heretofore, pursuing its utilitarian course around the sun, giving rise to summer and winter, spring and autumn, is changed into a frantic projectile, rushing through the boundless regions of space, coming in collision with some heavenly body, giving rise to the phenomena of the crash of worlds.

Every portion of the natural realm, whether belonging to the animal, vegetable, or mineral kingdom, would appear to occupy the station for which it was designed by Nature. The instinct of the brutes, in their unsophisticated state, impels them to that course which most conduces to their well being.

To man alone was the option given, of choosing between a course in accordance with Nature, and one opposed to her; one which will procure for him happiness or entail on him misery. He alone, of all God's creatures, was favored with reason, by which to judge between good and evil; but, alas! how often has he, whether from wilfulness or ignorance, forsaken the good, and adopted the bad!

But, of all the bypaths of evil into which man has deviated from the highroad of Nature, and which it devolves on us now to consider, is that most injurious practice—the practice of shaving.

To every thoughtful shaver, the question has doubtless often suggested itself, Why was the beard given us? Was it to subserve some useful purpose in the animal economy? or is it a mere parasitic excrescence, intended by Nature to be kept down by the daily practice of a tedious and cruel operation? The answer is as plain as the beard on our faces. Were we altogether ignorant of any function performed by the facial hair, we should still be justified, reasoning from analogy, in concluding that it was not placed there in vain, and that it did administer to some requirement with which we were unacquainted. In fact, the very circumstance of its existence is as plain a command to wear it, as any which we could receive. That ancient and pious Father of the Church, Tertullian, designated shaving as a blasphemy against the face.

“It may surprise not a few, when we say that the bronchitic affections under which ministers of the gospel so frequently labor, are often due to the violation of a hygienic law. The fact that the Creator planted a beard on the face of the human male, thus making it a law of his physical being, indicates, in a mode not to

be misunderstood, that the distinctive appendage was bestowed for the purpose of being worn. Besides, the Levitical law is just as explicit in forbidding the shaving of the beard, except in cases of disease, as in the requirement,—Remember the Sabbath-day, to keep it holy. Moreover, physiologically considered, these views are corroborated by experience; for diseases of the throat have in many instances been traced directly to the shaving of the beard, the liability disappearing with its growth, and *vice versa*. Let all our ministers, then, wear beards, for the Bible and Nature are in favor of it.”

Thus, then, were we altogether ignorant of any useful office performed by the beard in the animal economy, we should be by no means justified in arrogating to ourselves a wisdom superior to that of Nature’s Author, and audaciously interfering with the intention of his designs. We are not, however, strong though it be, reduced to this negative argument in favor of wearing our beards; we are prepared to show that the facial hair performs in the system functions both important and varied, and with the operation of which we cannot with impunity interfere.

I think we are justified in assuming, though not a rule without exception, that in proportion to the complexity of a machine, so may we expect the importance, delicacy, and difficulty of its task to be. Thus, when a savage, seeing a clock for the first time, observes the intricacy of the wheels, and their complex movements, he is struck with amazement, and concludes that it is destined to the performance of something wonderful, and not the less so, because he does not know what. On the other hand, let him only see the outside of the case, when the clock is quiescent, and he will pass it by with scarce a thought. So, when we view the beard merely as hair, and that hair as so much rubbish, costing us daily both time and temper, we cut it off and cast it aside as a nuisance, which, indeed, then it is, though not a necessary or a natural one, but, as we shall presently show, one of our own creating.

The first use of the beard which we shall mention, viz., the protection which it yields to the throat and larynx, is so obvious as to require little detention. There is abundance of testimony to prove, that those who wear their natural covering on the throat, are far less liable to laryngitic affections, than those who shave, and really it would hardly seem necessary to bring arguments to

show the error of those who remove the natural and appropriate covering with which they have been supplied by a bountiful Providence, and substitute for it, one from the back of an animal, expensive, inconvenient, and far worse adapted to the requirement. Many persons, believing thus far in the beard, let it grow on the throat, and remove all above the chin and mouth. Let me draw the attention of those to a second use of the beard, more particularly applicable to the portion which they wantonly sacrifice, and which, though fully more important than the first, being less obvious, to a cursory view, will demand a little more consideration. The second office of the beard which we have to discuss, is that of a respirator. The expired air, in passing from the lungs through the nostrils and mouth, over the mustache and beard, communicates to them a degree of caloric, which they in turn give up to the inspired air, thus establishing an equilibrium in the temperature of the inhaled and exhaled atmosphere, and protecting the lungs against a too great and sudden depression in their temperature. What other changes of a magnetic, electric kind, &c., the air may undergo in its passage over the beard, is a matter for future research. It will not, however, be at all surprising, should such be discovered to exist. It is a strange perversion on the part of those who shave off the natural porter to the lungs, and tie on an instrument made of silk and wire, unsightly, inconvenient, and by no means equal in efficacy to the natural respirator. The beard at the same time performs the mechanical office of a sieve, arresting many of those fine particles, of which there are all the time, more or fewer, floating in the atmosphere, and which cause greater or less irritation to the internal surface of the lungs; thus, the very objections urged by some, viz., that the beard would catch the dust evolved around many manufactures, giving them a filthy appearance, is really an argument in its favor. It is certainly much better to have the dirt on the beard, whence it can be easily removed with a little water, than in the lungs, where it cannot be got at, and where it is liable to do a positive injury.

Major Tulloch, in his statistics of the British army, informs us that the mortality for 1000, among the foot-guards, is 21 a year, while that of the life-guards is only 14, making a difference of one-third in favor of the mustached men. Now, although I do not

consider this fact alone conclusive as to the cause of their superior health, as no doubt other influences than those of the beards may be adduced as favoring the horse-guards, yet, there is another fact connected with the statistics, which I think goes far to establish the important part which the mustache plays as a respirator, viz., while out of the 21 deaths among the foot, 14 die of lung diseases, a number equal to all the deaths of the cavalry, only 8 die of lung diseases where the beards are worn. Thus, if we exclude the lung diseases, the mortality from other affections will be respectively 6 and 7 per 1000, or nearly equal. Now, if we admit that several other circumstances may combine to render the chance of the foot soldier less favorable, as these will equally conduce to the production of other diseases, and we find the great difference in the mortality, to depend on affections of the lungs, I think we may fairly conclude, that the horseman owes at least a part of his immunity from this class of diseases, to the wearing of his mustache.

We now come to the third use of the beard, which, though at first sight is less apparent than either of the others, can, I think, be demonstrated to eclipse them in importance. The function to which I would now draw your attention, is that of an eliminator. It is the office of the beard constantly to secrete and excrete from the system a very subtle fluid, which, when retained, becomes a poison; it is analogous to the secretions of the liver, kidneys, pancreas, salivary glands, lungs, skin, &c.; and although it cannot be collected and ocularly shown like the products of the other excreting and exhaling organs, its existence may be, from its effects, just as surely inferred. Thus, certain diseases have been found to disappear on the individual's ceasing to shave, to reappear on his resuming the habit, and a second time to vanish on his returning to the natural practice.

The cases of two gentlemen in this city will suffice for an example: they were both subject to weakness of the eyes, with inflamed eyelids, as long as they continued to shave, and both recovered on quitting the pernicious practice.

Now this can only be accounted for in one way, viz., by the falling on the eyes of the morbid matter, or action, to which the beard furnishes a natural outlet. Analogous to this are the clumsy attempts to imitate nature, of trying to palliate eye diseases by piercing the ears, and applying blisters and setons to the back of

the neck. Another like process is the relief which it is notorious that skin diseases yield to the affected internal structures, and the suppression of which has frequently been known to cause obstinate, dangerous, and even fatal diseases of the brain and other vital organs.

It is to the light which pathology throws on physiology that we are indebted for much that we know, and indeed, were it not for the facts obtained by observation of deranged function in the diseases of certain organs, it would have been exceedingly difficult if not impossible, to have arrived at a correct knowledge of their uses.

To those who believe in the (so-called) infinitesimal system of medicine, there will be little difficulty in admitting the action of the beard poison, although in quantity too minute to admit of ocular demonstration. A little reflection, says Mr. Sampson, in his admirable treatise on Homœopathy, will convince us that there must be some portions of our organization, of the fineness of which the human mind will be inadequate to form the slightest conception. It will also appear that these structures are of far higher importance towards the maintenance of life than the coarser and more outward portions of the frame, and that disease becomes dangerous and severe in proportion to the extent to which they are affected. In the most deep-seated affections, therefore, it is to these tissues that the powers of medicine have to be directed; and when we know that medicinal substances, like all material bodies, are infinitely divisible; that we can never by any process, reduce them to atoms so fine, but that they might still be infinitely reduced, it seems at once obvious, that if we wish them to reach, and to act on those parts to which I have alluded, and in relation to the delicate machinery of which, the finest atom to be obtained from our very highest dilutions would appear coarse and ponderable, we must not only endeavor to bring them into a finer state than that in which they are commonly used, but into a state of exiguity far beyond anything to which we have been accustomed in dealing with coarser structures. It is simply, in fact, proportioning the delicacy of our agents to the delicacy of the instruments on which they are to operate.

Pathologists are well aware that the viruses which produce the most deadly diseases, are so minute in quantity, as to be altogether undiscoverable by the most delicate tests, and that their existence

can only be appreciated by observing their effects. Thus, the most elaborate chemical analysis has totally failed to discover any difference in the atmospheres of localities infected with ague, cholera, and other epidemic diseases, and that of perfectly healthy places. The contents of the poison bag of the viper resembles in chemical composition sweet almond oil; and the pus of the deadly plague bubo and the lymph of the vaccine pustule differ not, save in their effects, from ordinary pus and lymph. The experiments of Fontana, show that the 1000th part of a grain of the poison of the viper inserted in a muscle suffices to kill a sparrow. De La Bronse, in his voyage to the intertropical regions, has these words.

“There arrived seven or eight negroes in palanquins, the principal persons of Lousago, who presented their hands to be shaken by the French and English officers. These negroes had previously rubbed their hands with an herb, which is so extremely poisonous, that it takes effect immediately. They succeeded so well in their nefarious designs, that five captains and three surgeons fell dead on the spot.”

Let me conclude this part of the subject in the words of Prof. d'Amadon. It may be said, these facts are repugnant to common sense. If the action of imperceptible agents is opposed to common sense, that is as much as to say that experience is opposed to it; but as common sense and experience are not, and cannot be contradictory; if common sense refuses to believe in the action of imperceptible agents, common sense stands in need of a thorough reform, which experience will be able to effect. Science, which is nothing else than the reflection of experience, has in this manner reformed common sense many times. Common sense believed for centuries that the world was fixed, and astronomical science corrected common sense, and brought it to its own way of thinking. The virtue of vaccine was repugnant to common sense at first, but experience has now so completely demonstrated it, that he who doubted it would be held destitute of common sense. In fine, here, as elsewhere, science, that is to say experience, has advantageously put common sense to rights.

Now if my theory be correct, viz., that the beard acts not only as a covering to the throat and a protection to the lungs, but also as an eliminator, by which a subtle substance is constantly secreted and exhaled from the body, which, when retained, becomes a poison, there is no form of chronic disease which its presence may not

favor, no organ of the body which may not become a prey to its ravages. This assertion may appear startling; not, however, more so than were those of Galileo, Harvey, Jenner, Hahnemann, and all the great discoverers whose names are familiar, did to those who first heard them. Before going any farther, let me here put you on your guard against understanding me to attribute all the chronic diseases which afflict us to shaving, or even expecting *all* who shave to be decidedly affected by all or any of them. We know full well that all the recognised agents of disease, such as foul air, unwholesome diet, bad habits, &c., affect different individuals very variously, both in kind and degree. Thus, while some pursue a long life in their indulgence with apparent impunity, others either shortly succumb to their influence, or are forced to relinquish them. What I contend for is, that shaving is one of those fruitful causes of disease to which we are constantly and often ignorantly exposing ourselves.

To return to our subject. As the effects of shaving will result rather in chronic than in acute disease, and as chronic diseases are always insidious in their attacks, and slow in their progress, they are very liable, both by doctor and patient, to be attributed to causes other than their true ones. Again, as the cure of chronic disease is generally slow, and as our discovery is only in its infancy, we have not had the opportunity which a more extended series of observations will afford us of testing its value. I may, however, be allowed to state, that since the subject first attracted my attention, I have been by no means idle, and that the results of my observations so far, with the reasons already given, lead me to expect that farther experience will confirm the truth of the opinions advanced.

LEISURE MOMENTS.

LEISURE moments are seldom looked upon in a true light. What is generally understood by leisure moments, is time not necessarily devoted, or that can be spared from one's regular business. Time squandered away in absolute idleness is of no service either to God or man. It neither rests the body or soul to do nothing. A continual drill at regular duties, requires relaxation, and this can be obtained by substituting a temporary employment in the place of the regular. We would recom-

mend our cotemporaries to act upon this hint,—we mean those who tug and toil at the every-day duties of the profession; we would recommend them to take a little relaxation, by way of writing out a little of their experience for our Journal. Ten minutes a day, gentlemen, devoted in this way, may cause your names to descend to posterity as the benefactors of mankind. A distinguished French author, finding himself obliged to wait on an average ten minutes for his dinner, concluded to devote this portion of his time to writing, and, strange as it may seem, in less than a year, he produced one of the most valuable works in the French language; and what was equally valuable, he obtained his relaxation and rest from daily duties by so doing. We will recommend our patrons to follow the example of the Frenchman, and let us profit by the result.

MEDICAL NEWS.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE American Institute of Homœopathy will hold its tenth annual meeting in Cleveland, on Wednesday, the 8th day of June, at 10 o'clock, A. M.

The Annual Address will be delivered by Edward Bayard, M.D., of New York City.

For the information of those members of the profession who wish to join the Institute, we insert the vii. and viii. Articles of the By-Laws:

ARTICLE VII.

At each annual session of the Institute, there shall be a board of five Censors appointed, who shall act until others shall be appointed, whose duty shall be to receive credentials of candidates, and report such as may be found properly qualified to the Institute for election, any three of whom shall constitute a quorum.

ARTICLE VIII.

Any person who shall have pursued a regular course of medical studies, according to the requirements of the existing medical institutions of our country, and shall have obtained a certificate of three members of this Institute that he has thus complied with the above requirements,

and that he sustains a good moral character and general standing, addressed to the Board of Censors, and by them satisfactorily found qualified in the theory and practice of Homœopathy, and so reported to the Institute, may be elected a member thereof, and upon the payment of two dollars shall receive a certificate of such election.

The Board of Censors is composed of the following gentlemen :

Richard Gardiner, M.D., Philadelphia; C. D. Williams, M.D., Cleveland; Samuel Gregg, M.D., Boston; H. Kinsley, M.D., New York; J. R. Piper, M.D., Washington.

WILLIAM A. GARDINER, M.D., General Secretary.

REPORTS TO THE AMERICAN INSTITUTE, FROM THE BRANCHES AND ISOLATED MEMBERS.

WE would most respectfully remind our readers of the resolutions adopted by the American Institute June 12th, 1851, which are as follows :

“Resolved, That this Institute consider it the duty of every member to make some written communication, at every annual meeting, upon some matter pertaining to the general interests of Homœopathy.

“Resolved, That members of the Institute who may change their place of residence, are hereby requested to give notice of such change to the General Secretary.”

The time of the next annual meeting being at hand, let every member ask himself if he has nothing of interest to communicate. Those who are members of branches, societies, or fraternities, may report through the bodies to which they belong. And this is manifestly the most proper course. We humbly trust that no body of Homœopathic physicians exists in this country that will fail to report in behalf of its members. The kind of information the most needed from societies and members, is that which pertains to the science of medicine. Every day is liable to bring to light some new fact worthy of being recorded for the benefit of the whole profession. In various regions of our vast country, diseases are known to prevail endemically, at certain seasons of the year, and in all these various regions where societies exist, it certainly would be very desirable that the diseases embracing the range of the whole year which are incident to the climate, should be carefully and critically studied, as to their commencement, progress, and termination. And also the most suc-

cessful treatment should be as carefully noted, and the remedies definitely stated.

It would be desirable also to have each society communicate the medical facts connected with the use of clinical remedies in general. And also to make mention of any new remedy that has been brought into use by any of its members. It would be well also to communicate any facts with regard to unusual manifestations of disease, or unusual cures. We have often heard it stated, and have seen accounts of such statements, "that cancers, both of the *scirrhus* and *fungous* character have been empirically cured." If any such facts come within the knowledge of any members of the Institute, we hope they will acquire all the information possible with regard to them, and report accordingly. We see no reason why the American Institute of Homœopathy should not fulfil its mission of uses for the profession at large, and it will, if every society and member, every committee and officer respectively fulfil their specific function.

At the last meeting of the Institute in Baltimore, a special committee was appointed to take into consideration the subject of vaccination, with instructions to report at the next meeting. We sincerely hope this committee will not fail to discharge the duty assigned it. Vaccination is an important subject, and ought to be thoroughly understood; and the committee cannot perform a more acceptable duty than to delineate the uses and characteristics of genuine vaccination.

MEDICAL COLLEGES OF PHILADELPHIA.

THE number of graduates in the different Medical Colleges of Philadelphia, for the Session 1852-53, were as follows :

University of Pennsylvania,	.	.	.	.	.	160
Jefferson Medical College,	.	.	.	.	.	223
Pennsylvania " "	.	.	.	.	.	56
Philadelphia " "	.	.	.	.	.	25
Homœopathic " "	.	.	.	.	.	55
Female, " "	.	.	.	.	.	7
Total,	.	.	.	.	.	526

An increase of twenty-seven over last year.

PHILADELPHIA

JOURNAL OF HOMŒOPATHY.

VOL. II. — JUNE, 1853. — No. III

ORIGINAL COMMUNICATIONS.

ALTERNATION OF REMEDIES.

BY WILLIAM E. PAYNE, M.D.

THE alternation of remedies in the treatment of disease, is a subject of momentous importance; and yet the *rationale* seems so veiled in obscurity—there seems to be so little of principle to guide the physician, that the practice amounts to little else than empiricism. The general philosophy of Homœopathy, without an antecedent knowledge of the human organism in all its relations to disease—both hereditary and acquired, chronic and acute—plainly indicates that each individual case of disease is to be met and overcome by a single remedy.

Hahnemann says—and all homœopathists are ready to attest to its truth, in each and every case of disease, before the remedy can be selected with confidence of success, the totality of the symptoms,—a perfect image of the disease is to be obtained, and the remedy homœopathic is that drug capable of producing a similar totality—an exact image. This great truth underlies the whole superstructure, and reasoning *à priori*, based upon it, leads irresistibly to the above conclusion that a single remedy is all-sufficient for the accomplishment of the end.

But how stands the case in a practical point of view? Every physician knows that cases are exceedingly rare, where a cure has been, or can be effected by a single remedy. But, on the contrary, remedies must be used alternately and successively, even to

many, before the end can be surely and permanently accomplished. These are the facts. Can they be reconciled with the homœopathic axiom, and thus shown to rest upon a philosophical basis? We regard a true understanding of the matter as all-important to the full development and ultimate universal triumph of the healing art. The truth can be arrived at only by patient thought and careful experiment combined; and the object of this article is to give, in a very general way, the conclusions of my own limited reflection and experience, and to bespeak the co-operation of those of my medical brethren, in the investigation, who may attach to it a like importance with myself.

Hahnemann has drawn a very marked distinction between the nature and origin of *chronic* and *acute* diseases. And here, in passing, we may be permitted to remark, in order to define our position, that the great facts promulgated by Hahnemann, viz., the *immaterial nature of disease*—the homœopathic law expressed by the Latin maxim, *similia similibus curantur*—the origin of *chronic maladies*, or rather, I would say, secondary causes (for Hahnemann has gone no further back than secondary causes), and the *dynamization of drugs*, we unhesitatingly accept; and yet we must confess that we do not receive *his philosophy* of a single phenomenon pertaining to the homœopathic art. By these remarks we do not wish to be understood as undervaluing Hahnemann's labors; but, on the contrary, we regard him as a man of no ordinary ability, and the greatest benefactor, in medicine, that the world has ever known.

It is well known that Hahnemann refers the origin of all chronic diseases to what he calls *miasms*, three in number, to which he has given the terms *Psora*, *Syphilis*, and *Sycosis*. We may be permitted to doubt, however, the propriety of the latter distinction as *generic*. We think it can be satisfactorily shown that what he is pleased to designate as a distinct *miasm* under the term *Sycosis*, belongs to a species derived from the common parent, *Syphilis*. *Sycosis*, as well as several other peculiar forms of disease, is known to have its origin in impure sexual connexion. If we begin the work of resolving *species* into *genera*, we may go on indefinitely, passing over into the field of *dermoid* affections, and have as many distinct *miasms* as there are varieties of skin diseases which have no crisis, but are perpetuated indefinitely. We therefore can see but

two general sources of *chronic* maladies, that is, such maladies as never, of themselves, leave the organism without medication, viz., that class of cutaneous affections, of a contagious character, which had its origin in filthy habits, and a violation of the understanding of the most obvious hygienic rules, and which Hahnemann has designated by the generic term *Psora*; and that class of diseases which resulted, and still results from interrupted and promiscuous sexual connexions, and included under the generic term *Syphilis*.

We think Hahnemann has given us an amount of evidence that *chronic* diseases have their origin in something like the above-named conditions, sufficient to satisfy any unprejudiced mind, if that mind be in the acknowledgment of anything short of mathematical demonstration. Whatever may be the conditions necessary to the development of either of the above-named sources of chronic maladies, or what the essence, universal observation has decided the fact, when *Psora* or *Syphilis* is once developed in the organism, contrary to acute maladies, it will continue until the "last breath of the longest life," unless removed by art, that is, unless removed by internal remedies.

There is a class of diseases denominated *chronic*, but which, we think, cannot be considered such in the same sense as those which have their origin in *Psora* and *Syphilis*, viz., those diseases which are excited and continued by the constant operation of deleterious agents, such as *miasmata*, unwholesome food, confined situations, and frequent or long-continued excitement of the depressing passions, the constant use of deleterious drugs, etc., all of which cease without medication upon the removal of the exciting cause, unless by too long a continuance, the organism has passed beyond that point at which restoration is possible. In this class of diseases there is a point beyond which restoration cannot take place by the unaided efforts of nature, even if the exciting cause be removed. But the requisite treatment in such cases is simply antidotal.

It is a merciful provision of the Author of our being to remove, as far as possible, the more active phases of the maladies incident to the human family from the centre, that is, from the most important organs, to the extremes, or the circumference of the body, where they may be borne with the least detriment to life. The *bones*, the *muscles*, and the *skin*, for example, can bear the dis-

organizing effects of disease much longer than the *heart*, the *brain*, or the *lungs*. Thus, the more active and disorganizing effects of *Psora* and *Syphilis* are embodied upon the outermost boundaries of the body, and there they would ever remain to the end of life, unless suppressed by external means, or prompted to an internal direction by a weakening of the nobler organs by some of the various abuses practised upon them by drastic purgation, etc. Misapprehending the true nature of disease, and the laws by which it is governed, but regarding it as a material something which could be removed only by mechanical appliances, medical men adopted and have in all time pursued the practice of treating these maladies with external applications, supposing that when the external form was removed, whatever remained might be carried off by purgatives, and what they termed alteratives. The result has shown to every observing medical man the fallacy and disastrous consequences of their reasoning and practice. The disease thus suppressed, or rendered latent, tended towards some one or more of the central organs or tissues, and then became active according to the circumstances favoring its development. These maladies, thus rendered latent, are as surely transmitted from parent to offspring, as are mental characteristics and peculiarities. Hence we see a certain form of disease running down through a long line of descendants, until it sooner or later sweeps off, prematurely, a whole generation. Who can doubt that *tubercular phthisis* is hereditary?—and who cannot recall instances where, by its accumulated power in passing down through successive generations, whole families have been carried off prematurely by it? Diseases of the heart, epilepsy, hydrocephalus, carcinoma, and indeed almost every form of disease of a chronic character, observe the same course. Natural disease in the parent, whether latent or more or less active, repeats itself with as much certainty in the offspring, as do mental peculiarities and extreme bodily conformations. This law of transmitting similitudes is as active in the natural as in the mental spheres.

Hereditary tendencies to disease are roused into activity whenever circumstances favor. The depressing passions, unwholesome food, inordinate sexual indulgence, sedentary habits, malaria, long-continued fatigue, exposure to sudden and extreme atmospheric changes, and, in fact, whatever tends to disturb the natural healthy functions, rouse, or tend to rouse into activity, these latent diseases ;

and if the impressions made upon the body are sufficient to excite symptoms of an acute character, these chronic tendencies often come forth with such vigor as to require the special attention of the medical man.

In this, then, and this alone, we contend, lies the necessity of more than one remedy in individual cases. The alternating remedy, in acute diseases, is for the purpose of holding in check this hereditary or acquired chronic tendency, either psoric or syphilitic, and perhaps, in some instances, both combined, until the acute symptoms can be overcome by the remedy homœopathic to them. Hence the importance which Hahnemann attaches to the history of the case, or in other words, the history of the abnormal manifestations, both physical and mental. All the symptoms cognizable in a given case may be acute, and we may find a remedy which completely covers them. The symptoms, for a time, are ameliorated, but eventually increase. We repeat the remedy in varied forms and frequency; but nothing is gained. What is to be done? Many of our teachers tell us to give Sulphur, and then repeat our former remedy. We do so. If Sulphur suits, we are successful; if not, we are no better for the advice. Eventually some of the nobler organs begin to suffer; perhaps phthisis, or some other equally formidable disease, is developed, and the case passes beyond the reach of a better physician. In the beginning, if we had thrown ourselves back upon the history of the health of our patient, or if he had no history, upon the history of his parents, and selected the remedy which covered the abnormal condition there found, as the alternating remedy, we should have succeeded in warding off the fatal termination; or, if the case was less formidable, we should have cured our patient instead of forcing him to fall back upon quack nostrums, or the allopathic method, which is equally impotent of good.

From our stand-point, then, it will be seen that the alternating remedy should be antipsoric or antisymphilitic,—perhaps both may come into use in the same case.

AN ESSAY ON EPHELIDES.

BY DAVID COWLEY, M.D.

THE following monograph is offered to our Homœopathic brethren, with the wish that it may be of service to them, by presenting, in a short space, all that in the present state of our science can be collected from books on the subject of "Ephelides." It is regretted that more cases of cures cannot be given from the experience of individuals, but as hitherto the subject has not received much attention, that defect cannot at present be remedied. It is hoped, however, that this essay may be the means of directing the attention of our practitioners to the subject, so that at some future time another treatise may be published, by some one better fitted for the task than ourselves, in which there shall be no lack of clinical experience.

Much might be said to deter us from taking under treatment cases of "Ephelis" or "Lentigo," but it will be a sufficient answer to all objections to state, that they have been cured by Homœopathic remedies in cases where the patients were under treatment for other diseases, and also in cases where they have been under treatment for "freckles" alone. It should also be considered that, while under treatment for these spots, the general health of the patient is becoming better, because the remedies given are suitable not only for removing these spots, but also for any chronic disease which the patient may have. It is true that often it will take a long time to cure these spots, but if this can be considered an objection to undertaking cases of the kind, the same objection would apply to nearly all cases of chronic skin diseases.

The plan proposed in the treatment of this subject, is the following: to give,

1st. The names and synonyms, and a definition of the term "Ephelides."

2d. A description of the several kinds of "Ephelides," enumerate the causes and accompanying conditions as far as known, and also state the course of treatment which has been pursued in the old school.

3d. The method which might be followed in treating "Ephelides" Homœopathically, stating those remedies which might be used in the several conditions which are supposed to occur.

4th. The names of those remedies which are recommended in our several Repertories for the treatment of "Ephelides."

5th. The symptoms and clinical experience which is found under each remedy, placing those remedies first under which the most marked symptoms are found, and those last which are recommended in the Repertories, but the symptoms of which are not to be found in the *Materia Medica*.

EPHELIDES.

1st. *The names or synonyms and definition.* The word is derived from "ἐπι" (upon), and "ἥλιος" (the sun). *Epichrosis*, *Macula solaris*, *Maculæ fuscae*, *M. lenticulares*, *Ephelis lenticula*, *Vitiligines*, *Phaci*, *Pannus lenticularis*, *Lenticula*, *Lentigo*, *Ephelis lentigo*, *Ephelis à solè*, *Nigredo à sole*, *Spilosis ephelis*, *Æstates*, *Effila*, *Freckles*, *Sunburn*.

This term includes not only the yellow *lentigines*, which appear on persons of fair skin, and the larger brown patches which arise from exposure to the direct rays of the sun, but also those large dark patches which are very similar in appearance, but occur on other parts that are constantly covered. (*See Chloasma*.) They do not extend farther than the skin.*

2d. *Description, causes, &c., old school treatment.*

On the subjects of Ephelis, Lentigo, and Chloasma, which, according to Dunglison, are all included under the term "Ephelides," articles will be found in "Rayer on Skin Diseases;" the articles on Ephelis and Lentigo are inserted here entire, but from the article on Chloasma, only extracts will be given, as it would take up too much space to insert the whole.

EPHELIS.

"Ephelis, Freckle. Following the example of Lorry and of Peter and Joseph Frank, I have made use of the word *ephelis* in its literal acceptance, so well indicated by Blanchardus and

* See Dunglison's Medical Dictionary.

Castelli, employing it to designate the brown spots produced by the action of the sun's rays on the skin. They are often few in number, broad, irregular, and of a deep brown (*Ephelis umbrosa*, P. Frank). They always appear in the spring or during the heats of summer, upon the face, neck, upper parts of the thorax, and hands, particularly among children and individuals who have a very fine skin. Our gentlewomen make use of veils to prevent these spots. Some carry their solicitude so far as to wash their hands and face in a mixture of white of egg and water. Others, to restore the skin, when covered with freckles, to its natural color, bathe it with cream, whey, a variety of distilled and aromatic water, &c. These marks generally disappear on the approach of winter.

"Dr. J. Davy has made several experiments to ascertain the mode in which this discoloration of the skin occurs upon exposure to the rays of the sun. In order to determine the nature of the change which takes place in this case, and in seeking to discover the uses of the change itself, he has ascertained that among Europeans, when any part of the surface of the skin is exposed for the first time to the burning sun of hot climates, slight erythematous inflammation takes place; the epidermis is subsequently detached in large scales, and is replaced by a new one of a very light brown hue, but which becomes much darker after several successive desquamations. A similar change is frequently known to follow the inflammation produced by a blister. This alteration in the color of the skin, nevertheless, often happens without any previous perceptible inflammation, and then occurs after long exposure to a strong diffused light. The change of color does not take place in the epidermis, but is attached to the surface of the dermis, upon which a quantity of brown coloring matter is deposited. This substance is chemically the same as the black pigmentary matter of the eye, and, like it, resists a low red heat without decomposition. The effect of the change of color which the skin undergoes, is to protect it against the farther action of the burning rays of the sun. The results of Dr. Davy's experiments on this point are in accordance with the conclusions which Sir E. Home has drawn from his inquiries on the same subject. When the skin has once acquired the brown color, exposure to the rays of the sun may still occasion some slight smarting, and a

trifling increase in the temperature, but desquamation does not generally take place. From analogy, the name of *Ephelis ignealis* is given to the brown or yellow spots which are seen on the inner parts of the legs and thighs of females, who are in the habit of warming them over pans of lighted charcoal."

LENTIGO.

"*Lentigo*, more generally known under the name of *freckle*, is characterized by the presence of yellowish, not prominent, and circular-shaped spots. The spots are of a lighter or darker yellow hue, and as has been said, do not rise above the level of the skin. Appearing from the periods of infancy without any appreciable cause, these spots are generally seen on persons with very light, or reddish-brown, or bright red hair; they sometimes continue to an advanced period of life, but usually decline towards the age of puberty. The epidermis does not present any inequality over the stained parts. These spots are not accompanied either with tingling sensations or itchings, but they abstract powerfully from the whiteness and brilliancy of the skin, which no topical application will restore. They sometimes disappear at indefinite periods, in consequence of the modifications produced by age in the structure or condition of the skin. The spots of *lentigo* differ from those of *ephelis*, in their permanence; the latter appear on the face, hands, and other exposed parts of the body during summer, and disappear or become paler in the winter; the stains of *lentigo* again are lasting. Farther, *ephelis* appears indiscriminately in all children, and in almost all adults who are exposed to the heat of the sun, while the spots of *lentigo* are more particularly observed in persons whose hair is red or very light, whose eyes are of a pale-blue, and whose skin exhales a very unpleasant odor.

"When pieces of skin covered with these pigmentary spots are put to macerate, the coloring matter almost always remains firmly adherent to the dermis, when the epidermis has been detached from it.

"*Lentigo* is never made the subject of medical treatment."

* See articles "*Ephelis*" and "*Lentigo*," in Rayer on Skin Diseases, pages 341, 342.

CHLOASMA.

“Chloasma is characterized by one or more accidental spots or patches, from the size of a millet seed to that of the palm of the hand; they are dry, generally without pruritus, and of a pale or brownish-yellow color; they are almost always developed on the trunk, sometimes on the face and neck, but very rarely on the extremities.

* * * * *

“Spots of chloasma are more particularly observed among persons whose skins are fine and delicate, and among pregnant woman (the *maculæ gravidarum* of certain authors). The stained parts are at times slightly prominent; their surface becomes the seat of an itchiness, which is increased by heat and exercise, or the use of strong liquors. The epidermis afterwards cracks over the surface of the spots, and is detached in small furfuraceous lamellæ.

* * * * *

“The duration of spots of chloasma is very variable; they are most frequently evolved without any known cause, and generally last for several years if not treated appropriately. The skin of females is more frequently affected with them than that of men; they are rarely seen among children. Women who are affected with them often observe that their color becomes deeper at the period of menstruation; in this case the spots appear and disappear without any visible desquamation of the cuticle taking place. Several pathologists have designated under the name of *chloasma gravidarum*, or *chloasma amenorrhœica*, similar spots which appear during pregnancy or on the suppression of the catamenia.

“Pieces of integument, covered with the spots of chloasma, have been left to become putrid in the open air, and in maceration; the epidermis, when detached from the former, did not remove the coloring matter; it remained on the external surface of the dermis, under the appearance of a brownish, blackish, or grayish layer, which was easily removed by the back of the scalpel. The coloring matter of the pieces subjected to maceration, was divided between the epidermis and dermis, on the surface of which it appeared in the form of a blackish or grayish liquid matter, stagnant in the small furrows, and disposed in layers of unequal thickness. On the surface of the dermis there was observed besides a band of a

blackish color, which could not be detached with the scalpel without implicating the tissue of the true skin.

"These spots (*maculæ hepaticæ*) often appear in individuals otherwise in perfect health. Patients suffering from chronic affections of the stomach and lungs are also liable to them. In spite of the vulgar opinion which attributes these spots to disease of the liver, it is notorious that they rarely accompany affections of this organ.

"The mode in which these spots are produced is almost unknown; although a marked analogy between the color of particular spots, and those which follow the application of blisters may lead us to suppose that the former as well as the latter are preceded by a morbid accumulation of blood in the discolored part.

"The spots of chloasma which often appear in women a few days after conception, frequently disappear at the end of the first month of pregnancy, along with the troublesome symptoms which announce this state; but they have been known to continue during the whole period of utero-gestation, and even for some time after delivery.

* * * * *

"Hippocrates has designated under the name of *εφελίς* not only the spots which are produced by the heat of the sun, but those also which sometimes appear on the face of pregnant women."*

Concerning the causes of Ephelis little can be said, except that like most other chronic skin diseases, it has its *originating* cause in *psora*, according to the theory of Hahnemann; it is true, that the heat of the sun *apparently* causes these spots on the face and hands, but that is only the *occasioning* cause: if there were not some tendency in the skin itself to become freckled, the effect of the sun's rays upon it would, as a general thing, be, to inflame and darken, but not to produce spots; from the experiments of Dr. Davy, as given by Rayer, we would be led to suppose that the skin becomes equally darkened over the whole exposed surface, not freckled.

About the causes of Lentigo, Rayer does not give any opinion: its origin is most likely from *psora*, also; and this, like most psoric diseases, may be considered hereditary.

Some persons suppose that freckles and liver spots originate in, or accompany liver disease; in this connexion a case below, detailed

* See Rayer on Skin Diseases, pages 342, 343.

under "Crotalus," might be referred to as having some bearing on the subject.

Chloasma may be referred to the same general cause as ephelis and lentigo.

The old school treatment of freckles, and, indeed, of nearly all skin diseases, has been entirely external. Dr. Dunglison says, "Many cosmetics have been recommended for their removal. Simple spirituous lotions, or weak mineral acids, applied a few times in the day, are as effectual as any other means." From an old Homœopathic practitioner, we learn that he has seen the following prescription of an eminent Alloëopath, used very successfully in many cases of freckles, viz.: Take one grain of red precipitate, then take on the end of a knife or spatula a small quantity of new unsalted butter, and mix them thoroughly, then add another small portion of butter, and mix it thoroughly with the former, and so on until a quarter of a pound has been added. When this process is finished, the ointment has a slight reddish tinge; the butter, before incorporating it with the precipitate, may be washed in rose-water, to impart a pleasant odor to it. This ointment is rubbed on the skin at night before going to bed. It must be continued for two or three weeks. It is said to produce no inflammation or other injurious effects on the skin. The same gentleman informs us also, that in country places, the milky fluid which oozes out from the *Leontodon taraxacum* (common dandelion) has been used to remove freckles, by applying it to the skin. It is said to be also successful in removing them.

Rayer does not mention anything about the treatment of "Ephelis." Of Lentigo he says, "It is never made the subject of medical treatment." For Chloasma he uses "Sulphureous water baths, administered every other day." He also observes, "This means is greatly preferable to various other remedies which have been recommended, such as acid washes, the application to the parts afflicted of embrocations and liniments of camphor, borax, laurocerasus, &c."

3d. *The method which might be followed in treating "Ephelides" Homœopathically, &c.*

As we have supposed that Ephelides arise *primarily* from a psoric taint in the system, and as the same general state which favors their production may also produce disease in other parts of

the body, we have endeavored, in what follows, to give indications as to the choice of a remedy where some other morbid symptoms exist conjointly with them, believing that the best remedies to remove these spots are those which have the symptoms of any other disease under which the patient may be laboring, as well as the symptoms of Ephelides. This view of the subject is corroborated by what has been already stated, viz., that freckles "have been cured by Homœopathic remedies in cases where the patients were under treatment for other diseases." This statement is made on the authority of Dr. Hering.

If it is found after a remedy is given, which has been selected with regard to the totality of the symptoms, that it removes only a part of the symptoms, then those which remain should be considered as forming a new group, and another remedy should be selected accordingly. For full directions on this subject see Hahnemann's *Organon*, pp. 158 to 163.

In cases where no other symptoms can be obtained than the character of spots themselves, and the general constitution and idiosyncrasies of the patient, those remedies should be given in preference which have been used most successfully in the treatment of Ephelides, and which at the same time correspond with the *constitution* of the patient.

By some Homœopathic practitioners it is recommended, in the treatment of many skin diseases, to apply *externally* as a wash, a lower dilution of the same remedy which is given *internally*. This practice is praised by some, and condemned by others. It is merely mentioned here, without giving any reasons for or against, as we have hardly sufficient data to form any conclusion on the subject. It is possible that in the case of Ephelides the external application of the remedies might do good.

As the success of the treatment depends on the selection of the true Homœopathic remedy, and this, on having an accurate picture of the disease, we shall proceed to give some observations as to the plan which might be adopted in the examination of the patient, referring again to the "*Organon*," if more minute directions should be necessary. It would be advisable to note down all the symptoms which we can find out from the patient, so that no symptom will be lost sight of, during the treatment of the case. We might examine the patient. 1st. As to the character of the

spots themselves, whether they are dark or light, whether they exist on the breast, arms, shoulders, &c. 2d. As to the general constitution of the patient, whether healthy or unhealthy, and if unhealthy, as to what the character of the diseases has been to which the patient has been subject. Any peculiarities which the patient may have, as regards diet, should be noticed, such as excessive desire for certain kinds of food and drink, &c. The color of the hair and complexion of the patient should also be observed, and whether the patient is inclined to obesity or leanness. 3d. If any eruptions exist on the patient, the character of these should be particularly observed; for instance, warts, tetter, black pores in skin of face, pimples on face, or other parts of body, &c.

In the arrangement of the following symptoms, the order which was recommended to be adopted in the examination of the patient has been as a general thing followed, and we have, 1st. Symptoms of the spots themselves. 2d. Peculiarities of the patient in regard to food, &c. &c. Most of the indications have been taken from Jahr's large German Repertory; a few from Boenninghausen's Pocket Repertory. Where any symptoms have been found, while examining a remedy, which were not observed in any of the Repertories, they have been placed in order with the others.

(In the following from the Repertories, and also when giving the symptoms under each remedy, as taken from the *Materia Medica*, the single symptoms will be given as they occur there. In all cases it will be understood that all those remedies which are recommended for any of the symptoms which follow, have also the symptoms of *Ephelides* according to the Repertories.)

Spots particularly dark. *Nit. ac.*, *Phos. Sep.*, *Antim. cr.* (*Hyos.*)

Spots very light colored. *Lyc.*, *Nat. c.*, *Petrol.*, *Stann.*, *Sep.*, (*Calc. c.*)

Acne punctata (black pores) in the nose and face. *Nat. c.*, *Nit. ac.*, *Sulph.*, *Sep.*, *Graph.* (black, sweaty pores).

For the particular place on the person in which the spots make their appearance, see Section 4th.

Diarrhœa after drinking milk. °*Lyc. Nat. c.* (*Sep. boiled.*)
Potatoes disagree. *Alum.*

Desire for beer. Graph.

“ earth and chalk. °Nit. ac.

“ sweet things, great. Kalic., °Lyc.

“ wine. Lach.

“ sugar. Amm. c., Sulph.

Hair dark. ¹ Nit. ac., Phos., Sep. ² (Carb. v., Caust., Dulc., Kali, Puls., Sulph.)

Hair light. ¹ Calc. c., Hyos., Sil. ² (Con., Graph., Iod., Lach., Lyc., Merc., Petrol., Sulph.)

Obesity. ¹ Calc., Ant. cr. ² Puls., Sulph., Amm. c., Graph.
There are several others, but these are chosen from among those having the symptom most marked.

Leanness. ¹ Phos., Sulph., Caust. ² Lach., Sil. (Iod., emaciation.)

Painful sensitiveness of the skin of the whole body. Petrol., Sep., Thuja.

The skin of the whole body peels off. Mez.

“ face “ Phos. (Nit. ac., scaly skin.)

Dryness of the skin of the hands. ¹* Lyc. ² Lach., Nat. c., Phos., Sulph., Thuja. ³ Graph.

Cracking of the skin of the hands. ¹ Alum., Lach., Petrol. ² Nit. ac. ³ Graph., Kal. c., Merc., Nat. c., Sil.

Cracking of the skin after being wet. Puls., Sulph., Calc. c., ² Sep., &c.

Unhealthy skin, small wounds ulcerate and do not heal. ¹ Graph., Lach., Merc., Nit. ac., Petrol. ² Sil., Calc., Sulph.

Very unpleasant odor of sweat from axilla. Lach., Nit. ac.

Ringworm. ¹ Nat. c., Sep. ² Calc. c.? Caust.?

Moist tetters. ¹* Calc. c., Caust., Dulc., Graph., Lyc., Sulph., Merc. ² Carb. v., Con., Sep.

Dry tetters. ¹ Dulc., Phos., Sulph., Verat.

Eruptions behind the ears. ¹* Calc. c., Puls. ² Graph., Mez., Sil. ³ Antim. cr.

Warts on the face. ° Sep., Dulc., Kal. c.

“ nose. Thuja, and in the eyebrows. ° Caust.

“ neck. Nit. ac.

“ arms. Sep., Sulph., Nit. ac., Calc. c.

“ fingers. Sulph., Thuja, Lach., Sep.

Warts on the hands. Sep., Calc. c., Sulph., Thuja, Dulc., Lach.
 “ Lyc., Nit. ac. (° Caust.)
 “ thumb. Lach.
 “ sternum. Nit. ac.

4th. *The names of the remedies, &c.*

In Jahr's "Handbuch der haupt anzeigen," 1852, are recommended for freckles (Sommer-sprossen). ¹ ANT. CR., CALC. C., LYCOP., NATR. CARB., PULS., SULPH. ² Alum., Bry., Graph., Phos., Sep. ³ Amm. c., Dulc., Kali c., Mur. ac., Nux. mosch., Tart. em., Verat. ⁴ Con., Dros., Merc., Nit. ac., Petr., Plumb., Sil., Thuja. In the "Alphabetisches Repertorium der Haut-symptome" (Alphabetical Repertory of Skin Diseases) 1849, are recommended, ¹* CALC. C., * LYC., * PHOS., * SULPH. ²° Amm. c., ° Ant. cr., ° Dulcam., ° Graph., ° Puls., ° Sep. ³ Con., Dros., Merc., Nux. mosch., Petrol., Sil. ⁴ Bry., Carb. v., Hyos., Iod., Kali c., Lach., Laur., Mez., Nat. c., Nit. ac., Plumb., Stann., Tart., Thuja.

On the nose. ¹° Sulph. ² Phos. ³ Lyc.

“ face. ¹° Alum, ° Calc. c., ° Graph., ° Lyc., ° Mur. ac.,
 ° Nat. c., ° Nux mosch., ° Sulph. ² Amm. c., Kal. c.,
 Sep.

“ breast. Nit. ac.

“ legs. Phos.

For Chloasma or Liver-spot, in the same Repertory. ¹* Lyc.,
 * Sulph. ²° Ant. c., ° Laur. ³ Caust., Con., Ferr., Hyos.,
 Nat. c., Nit. ac., Petrol., Phos., Sepia.

On the face. Laur.

“ lips. Sulph.

“ breast. Lyc., Sulph. (Sep., ° brown spots.)

“ back. Sulph. (° brown spots, Sep.)

“ abdomen. (Sep.)

“ shoulders. Ant. cr.

“ arms. Ant. cr.

“ hands and fingers. Ferr. mag.

Itching hepatic spots. Lyc., Sulph. (little spots like freckles on the chest, itching, Nit. ac.), (Caustic, itching, and elevation of the hepatic spots.)

In "Boëninghausen" are recommended. ¹ Lyc., Phos., Sulph.
² Amm. c., Ant. cr., Calc. c., Dulc., Graph., Nat. c., Nit. ac.,
 Puls., Sep. ³ Con., Dros., Kalic. c., Merc., Nux mosch., Petrol.,
 Sil. ⁴ Bry., Carb. v., Hyos., Iod., Lach., Laurocer., Plumb.,
 Stann., Thuja, Tart. em., Mez.

In "Trinks and Müller's Repertorium" are recommended,
 Calc., Kal. c., Lyc., Natr. c., Nit. ac., Nux. mosch., Phos.

Upon the breast. Nit. ac.

" nose. Phos.

5th. *The symptoms and clinical experience under each remedy.*

The same remark applies here, which was made before commencing section 4th, viz.: "The single symptoms will be stated as they occur, without being joined or grouped together."

It will be seen on looking over the remedies recommended in the several Repertories, that the arrangement in each Repertory is different; for instance, Jahr, in the Repertory first quoted, puts several remedies as having "freckles" in the highest degree, which in his repertory of skin symptoms he has put only in the second or third degree, and in the former he has also left out some remedies which he recommends in the latter. In Boëninghausen, the arrangement is different from both of them, and in "Trinks and Müller's" but few comparatively are recommended.

In giving the remedies, those shall be put first which seem to have the symptoms included under the term "Ephelides," the strongest, and those last of which no symptoms like freckles can be found in the *Materia Medica*.

First, we shall consider:—

Lycopodium.—*Freckles. *Hepatic spots, itching.* *Yellow face. Yellow, gray complexion. A number of pimples and freckles over the whole face, more on the left side and on the nose. The face looks as if covered with a fine eruption. Itching scaly herpes on the face. *Itching on the chest.* Hepatic spots on the chest. Warts are forming on the hands. *Wart-shaped tubercles* on the index-finger. (White fig-warts fissured at the top and on stems, cl. obs.) Large red spots on the legs, neither painful nor itching. Large, bright red spots on the epigastrium, around the pit of the stomach, and on the joint of the thumb, with itching and burnings.

°Humid suppurating herpes, full of deep rhagades (Amm. c.), and covered with thick crusts.

Applicable to fat persons with rather light hair, whose skin has a tendency to crack, is one of the two remedies which have diarrhoea after drinking milk, and the only one which has chronic suppression of *menstruation from fright*. °*Liver-spots during, and after pregnancy.*

Sulphur.—°Freckles on the nose. **Hepatic spots* on the chest and back, itching in the evening. °Yellow and brown spots. °Moles. Black pores on the nose, upper lip and chin. Herpes on the nape of the neck. °Red, spotted herpes with vesicles. °Warts, also horny. *Boils, *chapped skin* of hands. **Fissures and rhagades* in the skin of the hands, especially in the joints, sore and painful.

Sulphur is suitable to so many states, that it would be difficult to give any very definite idea of its applicability; it is, however, suitable to fat persons of either light or dark hair (may be, also suitable to lean persons), subject to eruptions and hemorrhoidal complaints; like Lycop., it is very applicable in cases of liver-spots which arise during, or after pregnancy, particularly, if there is great itching.

Phosphorus.—The skin of the face peels off. °Yellow or brown spots on the body. *Yellow spots* on the abdomen and chest. Brown spots on the body. *Herpes, resembling hepatic spots*, on the neck, chest, back, and arms. *Round herpetic spots over the whole body*. A number of small spots like *freckles* on the lower part of the tibia. *Spots on the feet*.

Applicable to lean persons of dark hair, in whom small wounds bleed profusely, etc. Also, where the freckles are rather dark.

Calcareo carbonica.—°Freckles. *Yellowness of the face. **Violent itching in the whole face*. *White spots* in the face with itching. Skin cracks on wetting it. **A number of small warts make their appearance here and there*. Warts soft at the base, almost the color of the skin, rough on the surface, hard, whitish, round. *Nettle rash*, which goes off in the cool air.

This remedy is particularly suitable to young persons who are unusually fat, who have an unhealthy skin, and are much troubled with warts; also, glandular swellings in the neck; also, suitable to females with profuse menstruation. Should be seldom repeated.

Nitri acidum.—Scaly skin of the whole face. *Black pores of the face. *Small pimples in the face, especially in the forehead.* Dark freckles. Itching, little spots like *freckles* on the chest. Small warts on the neck. Two small warts on the sternum. Itching of the warts. *Stitches and sense as of picking* in the wart. Herpes between the fingers. White spots on the nails. Foetid, strong-smelling sweat of the axilla.

Particularly applicable to persons of very dark complexion, to patients who desire earth and chalk (chlorotic). Also, to persons whose skin is unhealthy.

Natrum carbonicum.—°Freckles on the face. °Yellow spots on the forehead and upper lip. *White spots* on the right cheek, and side of the neck, without sensation, early in the morning. Eruption near the nose and mouth. **The skin of the whole body becomes dry, rough, and chapped.* °Yellow rings occasioned by herpetic spots. The *warts* are painful when merely touching them.

Nat. carb. has headache and other complaints arising, or aggravated from the heat of summer. Nat. c., Lyc., (Sep.) have diarrhœa from milk.

Antimonium crudum.—°Freckles. Brown spots and dots like small hepatic spots, here and there, especially on the arms. Sensation in and below the chin when touching the parts, as if the hand were moved over many small sore places; small, honey-colored blotches being seen upon the skin here and there.

Applicable to *fat* persons subject to gastric derangements, also, where °*nettle-rash* exists.

Sepia.—**Yellow spots in the face*, and a yellow streak over the upper part of the cheek and nose. *Yellowness* around the mouth. *Small red pimples on the forehead, rough forehead.* A number of *black pores* in the face. °Warts in the face, on the arms, on the hands and fingers. Warts on the fingers; they first became painful and red, and then dropped off. Hepatic spots. °Brown spots on the chest. °Brownish spots on the abdomen,—°back. ♣Yellow spots, beneath which the skin, after the peeling off of the epidermis, looks red and moist, around the neck and on the upper part of the chest (in full-grown girls, after many doses). °Herpes and scurf. Red, itching, herpetic spots on both sides of the neck. *The skin of the whole body is painful as if sore.* *Ring-worm.

Applicable to persons of dark hair, females, etc.

Pulsatilla.—Pimples on the forehead. °Yellowish complexion. **Pale face*. °*Eruption*, resembling *varicella*, after eating pork and fat things. °*Cracking* of the skin on wetting it.

This remedy has been placed next to *Sepia*, not because it has any symptoms of *Ephelides*, but on account of its usual near relation to *Sep.*, and because *Jahr*, in his last small Repertory, places it in the highest rank of remedies for freckles. It is particularly suitable to persons of mild, good-natured temperaments, rather inclined to obesity. Dr. R. R. Gregg, by means of this remedy cured freckles in the case of a young lady who had just reached the age of puberty, giving a dose once a week for two or three months.

Petroleum.—Yellow face. *Pimples* in the face. Yellow spots on the right arm. °Brown spots on the wrist-joints. **Chapped hands, covered with rhagades*, °particularly in the winter. Pecking sensation in the wart (*Nit. ac.*) on the finger, in the evening when in bed. *Painful sensitiveness of the skin of the whole body*. *Unhealthy skin, even small wounds ulcerate and spread*.

Adapted to persons of rather light hair. °Sickness at stomach, from riding in a carriage.

Muriatic acid.—°*Pimples in the face*. °Freckles (in the face). *Pimples* around the lips forming a scurf within twenty-four hours.

It has been said by some homœopaths, that as Nitric acid is applicable in the majority of cases to persons having dark hair and dark complexion, so *Mur. ac.* is applicable to persons of light hair and light complexion, having similar symptoms.

Kali carbonicum.—*Freckles* in the face. °*Old warts* in the face. *Pimples in the face* going and coming continually. Dry, parched skin of the face. *Rough, chapped skin* of the hands. An old wart (in the face) *begins to itch*.

Kali carb. in solution has been used in the old school, externally for pimples, etc. in the face.

Graphites.—°Freckles in the face. °Eruption in the face as if the skin were raw. Continual feeling *as of cobweb* in the face. *Black, sweaty pores* on the nose. °Dry scurfs in the nose. °Herpes behind the ears. Moisture and soft places behind both ears. Chronic dryness of the skin. *Unhealthy skin*. Brittle skin of the hands, chapped in several places.

“*Especially suitable to corpulent persons of blond hair, delicate,*

unhealthy skin, knobby finger-nails, inclination to sweat." (Noack & T.)

Ammonium carbonicum.—Freckles (on the face). White, herpetic spots of the size of a small pea, which scale off continually (upon the cheek). Pustules upon the forehead, temple, cheek, and chin; upon the cheek during the menses. Contraction of the skin of the forehead and of the face. °Chronic rash. The right side of the body seems to be more affected than the left.

"Especially suitable to . . . *weak, nervous, or lymphatic constitutions*, to individuals of a *torpid, phlegmatic, melancholy temperament*, when there is . . . disposition to lymphatic accumulation of mucus and fat, and to nervous affections." (*Clin. Obs.*)

Hyosciamus.—The skin is dry and brittle, or else soft and warm. Alternate appearance and disappearance of brown spots over the whole body. *Herpetic spots* on the nape of the neck. Itching, obliging one to scratch the skin until it bleeds.

Might be particularly applicable in those cases mentioned by Rayer, where the spots appear and disappear at times, or become lighter and darker. Persons of *light hair*.

Dulcamara.—° *Warts and eruption* on the face. *Humid eruption* on the cheeks. °Thick herpetic crusts on the face, forehead, temple, and chin. Humid herpes, or dry and scaly. The hands are covered with warts.

In the *Materia Medica* (Jahr) there is no notice of this remedy having either caused or cured freckles, but Bœnninghausen places it in the second degree, among those remedies recommended by him. This remedy has been particularly recommended for *acute urticaria*, also for *chronic*. See the skin symptoms, and also the cl. obs. on this remedy in *Symptomen-Codex*.

Conium maculatum.—Hepatic spots, petechiæ, furrowed tetter. Applicable to *hysterical females*, and in families where cancer has been known to exist, also where there are glandular indurations.

Jodium.—* *Yellow complexion*. ° *The yellow complexion becomes more pale*. Dirty yellow color of the skin from five to six weeks. * *Rough, dry skin*. Yellow spots on the neck. Redness of the neck and chest, as if those parts were ecchymosed. *General emaciation*.

Particularly applicable to those persons who have the glands of the neck enlarged.

Nux moschata.—°Freckles? (in the face). *Cool, dry skin, not disposed to perspire.* Bluish spots on the skin.

A great number of the remarks on *Nux mosch.* in *Materia Medica* are clinical, and seem to be doubtful. Dr. Neidhard cured freckles on the face in one case by the internal and external use of *Nux mosch.*

Thuja.—°Chronic color of the skin of the breast and the right side of the abdomen, with excessive nervous irritation. *Warts.* Warts on the wing of the nose. Warts on the hands. The skin of the whole body is painful to the touch.

Tartarus stibiatus.—Dark-yellow spots of tolerable size, particularly on the fingers. Insensibility of the skin.

Stannum.—**Face pale and sunken*; features elongated. Yellow, round spots on the left leg for two days. Itching, burning, pricking over the whole body.

Silicea.—*Pale face.* White spots on the cheeks from time to time. *Eruption* in the face. Pimples on the forehead and above the nose. °Chapped skin. *Scurf* behind the ears. *Little scratches* heal with difficulty and suppurate. (See skin symptoms of *Silicea* in *Jahr.*)

Plumbum aceticum.—*Pale face.* *Pale or yellowish* complexion. Vesicles on the forehead and nose. *Yellowish color of the skin and white of the eye.* Dark brown spots over the whole body.

The foregoing symptoms may not apply to chronic disease, but only to some of the last stages of acute; however, as it is not designated in the *Materia Medica*, and as it is recommended for freckles, these symptoms are put down here.

Ferrum aceticum.—**Livid*, jaundiced complexion, sometimes *blue spots in the face. *Pale face and lips.* °Fiery redness of the face. °Yellow spots in the face. Puffiness of the face around the eyes.

Crotalus horridus.—*Chalk-colored face.* *Leaden-colored* face during one's lifetime. °*Pimples* (on face) in spring, with headache, nausea, irregular stool, in girls. *Black spots over the whole body.* *Red spots and blisters.* Blue and yellow spots with swelling and fever returning every year. Yearly recurrence of blue-yellow spots, with swelling, pains, and fever. *Most of the symptoms ap-*

pear on the right side. Crot. appears to affect fat persons more than thin, and white people more than colored. (*Characteristic peculiarities*).

In the case of a young lady treated by Dr. Neidhard for disease of liver and spleen, Crotalus 200 seemed to bring out freckles and pimples over the whole face, especially the forehead, and as the disease of liver and spleen became better, the freckles and pimples became worse, the old symptoms returned again, and the freckles and pimples disappeared.

Carbo animalis.—°Brown spots on the face, neck, and breasts, in a young lady. The skin peeled off several times, and each successive time the spots had become paler, until finally they disappeared.

The case above related was treated by Dr. Lippe: the young lady was under treatment about a year, and received the 30th dil. at first, but towards the last of the treatment, the high dilutions, the remedy was not repeated oftener than once in a month or six weeks.

Causticum.—*Yellowness of the face*. Hepatic spots become elevated, and cause a corrosive itching. °Old warts on the nose and eyebrows. *A pimple on the index-finger is changed to a wart.

This remedy is particularly suitable to *lean persons*; is recommended for *hepatic spots*, but not for freckles; is a very slowly acting remedy, and should be given but seldom.

Laurocerasus.—*Yellow spots on the face*. °Eruption around the mouth.

This remedy has very few skin symptoms. It has been used in the old school externally as a wash in liver-spots.

Carbo vegetabilis.—*The complexion becomes gray-yellow. *Many pimples on the face and forehead. Single white pimples on both temples. °Moist herpes on the face. *Nettle-rash for some weeks. °Reddish-brown moles. °Bright-red, round, flat, elevated aneurisms by anastomosis, bleeding violently when wounded in the least.

Rayer says, "From analogy, the name of *ephelis ignealis* is given to the brown or yellow spots which are seen on the legs and thighs of females who are in the habit of warming them over

pans of lighted charcoal." This, although by Rayer attributed to the heat alone, may be a true symptom of Carb. veg.

Alumina, Bryonia, Drosera, Lachesis, Mercurius solubilis, Mezereum. These remedies are recommended in Jahr's "Repertory," and some of them in Bœnninghausen's, but under the symptoms in the *Materia Medica* nothing is mentioned concerning freckles. About Lach., Jahr observes, *Lachesis* "is particularly suitable to persons with a *melancholic temperament*, with dark eyes, and disposition to lowness of spirits and indolence. Lach. is also suitable to females with a choleric temperament, freckles, and red hair." Compare this observation with what Rayer says of *lentigo*. "The spots of *lentigo* are more particularly observed in persons whose hair is red and very light, whose eyes are of a pale blue, and whose skin exhales a very unpleasant odor;" then consider that Lach. has the following symptoms: "*Strongly smelling sweat in the axilla*, or smelling like garlic. The urine has a strong smell. Cadaverous odor of the *fæces* which are hard (as usual). The *semen* has a pungent smell;" and we may infer that Lach. would be particularly useful in *lentigo* occurring in the class of persons, which Rayer mentions, because as Lach. is applicable to freckles and red hair, and increases the unpleasant odor of all the excretions, it *corresponds* with the picture given by Rayer of *lentigo*.

IPECACUANHA.

COMPILED FROM DR. KASPAR'S LECTURES, BY CARROLL DUNHAM, M.D.

BELONGS to that class of remedies which act chiefly on the nervous system. Its action is very moderate in degree; hence not very striking. Its exciting action is exerted chiefly on the thoracic plexus; it stands therefore in a kind of opposition to *Nux vomica*, which affects rather the subdiaphragmatic ganglia.

1. *Nervous System*.—The brain and spinal system are scarcely affected; at most they are affected only by a reflex action. Still less is the sensorium acted upon. Little or no pain is induced; at

most it is secondary. The symptoms of spasm are more numerous and better marked. *Character*.—The symptoms reveal a distinctly intermittent character, in which they are rivalled only by Nux and Puls. The pains suddenly appear and suddenly disappear. They are aggravated at night (because the vegetative sphere is especially affected). For the same reasons, similar symptoms occur at the same time in various parts of the body. Gastric phenomena are always present; and *organic sensation*, i.e., consciousness of defined organic conditions, in a high degree; e.g., nausea, constant constriction of the chest, premonitions of spasms, constrictive sensations in the salivary ducts, in the urinary and sexual organs.

2. *Vascular System*.—Great analogy to Nux. Ipecac. has little effect on the great vessels and the heart (Nux affects the capillary system and the great vessels at the same time); it has more especial affinity to the capillary vascular system alone; hence, external coldness, and internal heat, and vice versa, objective heat, but subjective coldness of the skin, and vice versa.

3. *Vegetation*.—Ipecac. excites and alters the vegetation. The secretions are in general diminished in quantity; in quality they are scarcely altered. There seems to be no connexion or mutual dependence between objective and subjective phenomena. Sweat, urine, saliva, are for the most part increased; other secretions, which require a greater elaboration, for example, those of mucous membranes, are diminished. Bile is generally increased. Hemorrhages are frequent (because of the action of Ipecac. on the capillary system), yet no profuse discharge of undecomposed blood, threatening the organism. Ipecac. affects the stomach and chest, but acts less strongly on the intestines. Nausea, inflation, constrictive sensation, vomiting (scanty), without giving relief, and the matters vomited not qualitatively altered. Foul taste, scratched feeling in the throat, yet the tongue not foul, etc. The peristaltic action of the bowels is diminished; the antiperistaltic increased; constipation, also *watery diarrhœa*.

Lungs.—More important action, constriction, dyspnœa, irritation inducing cough, increased sensibility, spasm, diminished secretion.

Application.—To pale, blond individuals, women and children. Disturbance of the vegetative nervous system, of the stomach and lungs at the same time.

Special.—1. Disorder of the stomach after an excess, if the disturbance continue some time (for the more transient disorders, Nux vom., Puls., etc.) After typhus and intermittent fever, for the remaining stomach affections, chronic nausea, and vomiting. Indisposition after eating, yet without loss of appetite. In particular the gastric phenomena of pregnancy. All these ailments are generally conjoined with chest affections, anxiety, constriction, etc.

2. *Acute affections.*—Variola, morbilli, catarrh in its last stages.

3. *Intermittent fever.*—It ranks with Nux vomica, Pulsatilla, and China, as one of the best remedies. The fever in which it is indicated is characterized by gastric phenomena of low intensity; the chill predominates, and the chest also, is affected; the patient feels as if a hoop were placed around the body.

4. *Nervous fever* in the beginning; cholera in the beginning; and in the sequelæ of cholera.

5. *Hemorrhage*, from partial over-excitements, especially in incipient tuberculosis in young girls; also in hemorrhage from paralysis of the capillary vascular system, but *never* in hemorrhage arising from general crasis, or decomposition. Seldom in hemorrhage from the stomach and intestines; oftener in that from the lungs and nose.

6. After the violence of acute pulmonary affections has abated, when irritation remains. In chronic catarrh with physical symptoms of a very low grade; when the irritation inducing cough, and the dyspnœa are great at periodic intervals; hence, in all asthmatic cases. In all coughs with a tendency to vomiting, if not violent, even in a slight degree. Spasms during pregnancy. Abuse of China.

REPORT OF THE COMMITTEE ON PATHOLOGY

OF THE PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

THE Committee on Pathology, in view of the nature of their duties, as defined in the Constitution of the Society, would respectfully offer the following report, viz.:

Since the organization of the Society, which includes a period of

about nine months, several diseases have prevailed epidemically, others appear to have made their appearance as being peculiar to the season, and yet others have made their appearance as individual cases, each equally interesting in a pathological point of view.

During the autumn of 1852, the Dysentery was regarded as an epidemic, because it prevailed extensively throughout the city and county; but with regard to this disease, and the time it makes its appearance, it has been remarked that there occurs annually a favorable time for it to rage, and this time appears to have been generally from the middle of August to the last of September. It will be observed that this period is characterized by warm days and cool nights, during a considerable portion of the time, and instead of ascribing the cause of the dysentery to the excessive use of fruit, which is abundant at this season of the year, may it not with greater propriety be ascribed to careless exposure to the extremes of temperature? It is frequently the case that individuals in the pursuit of their usual avocations during the day, when it is excessively warm, lay themselves down to rest at night without sufficient protection against the sudden depression of the temperature likely to take place before the morning, the tendency of which is often a check of perspiration, and an evident tendency of the fluids usually exhaled from the skin, towards the mucous surfaces of the intestinal canal. It has been observed that those who have partaken of fruit the most freely, are by no means the most frequent subjects of the disease,—a fact which would seemingly negative the idea that abstinence from the use of fruit would steel the constitution against the disease; and, moreover, in taking an enlarged view of the matter, we would suppose that the fruit season would be a source of benefit to man, instead of a source of injury, and to partake judiciously of the fruits of the season would naturally tend to a state of health rather than to a state of disease. But, on the other hand, if we take into consideration the many imprudent resorts of persons suffering from excessive heat, in throwing themselves down upon the cold ground, or by seeking relief by other exposures when in a perspiration, we would naturally suppose that the pernicious effect upon the relaxed condition of the system would result in dysenteries and other kindred diseases.

Some have supposed that the continued heat of summer engenders a miasm in the atmosphere that is productive of the epidemic

autumnal dysenteries. Whether this is so or not is an unsettled question. Perhaps it would be well for the members of the profession, before acting upon such a consideration as this, to consider well the laws of health and the results of violating them; and in this event it may be perceived that men are more liable to be benefitted by pointing out the laws of their constitutional nature that are to be obeyed, than imparting to them the idea that some unknown agency hovers around them, of a providential character, ready to mete out affliction when undeserved. It was observed that the dysentery of 1852 was of a milder character than that of the two preceding years, and it may be remarked, in reference to this fact, that the change in the temperature of the seasons from summer to fall, was less extreme than it had been in the preceding years.

As the weather became less mild, and the dysentery seemed to abate, there prevailed a considerable amount of disease of a different nature. Bilious and typhoid fevers became rather prevalent, but the number of cases was not so great as in some seasons; and this, perhaps, may be attributable to the favorable state of the weather during the fall. The reason perhaps why typhoid fevers seem to follow in the wake of dysentery is, that from the causes before mentioned, diarrhoeas resulting from exposure to extremes of temperature may so weaken and prostrate the nervous system as to superinduce nervous fever; careful attention to this matter may disclose the fact, that most of these cases can be traced to the exposure alluded to, and that a more careful attention to hygienic rules might have prevented their occurrence. With regard to the treatment of the foregoing diseases, so far as the committee have been able to ascertain, that which may be termed the most strictly homœopathic as applied to individual cases, produced the most uniform good results. The number of deaths from dysentery was less last year than either of the two previous years, and the greater proportion of those among adults, took place with inebriate subjects,—a fact which goes still further to prove that the disease may be the result of exposure to the extremes of temperature. The deaths resulting from typhoid fever supervening upon the dysentery were fewer, also, in proportion, than in former years.

Intermittent fevers prevailed considerably during the months of September and October. They were mostly of a tertian or double tertian character. They generally manifested themselves at first as

somewhat serious biliary derangements, characterized by severe pain in the head, back, aching of the limbs, violent fever, intense thirst, constipated bowels, acceleration of the pulse, furred tongue, etc. This stage was of variable continuance from four or five to seven days, and then the paroxysms became distinctly marked, and the disease assumed the regular intermittent form. The majority of the cases, perhaps, were of the tertian form; some, however, were of quotidian and some of quartan type. With regard to the duration of these fevers, they were in many instances of a stubborn character. Those cases of the tertian type, treated strictly homœopathically, for the most part yielded in the course of two weeks. It is maintained by some that Sulph. Quin. is indispensable in the treatment of these fevers, given in massive doses during the interim between the paroxysms, but a useful query may be instituted, whether the real disease is in any way abridged by *this* treatment. That the manifestation of the disease in the usual form may be smothered for a time, cannot be doubted, but it is remarked in a majority of cases where Quinine was used, the patients continued feeble for an unusual length of time, susceptible to the recurrence of paroxysms every six or eight days, from the slightest exposure. It is also remarked that those treated with Quinine, in many instances, became pale and languid, frequently suffering from indigestion and hepatic derangements. On the other hand, those cases treated by remedies homœopathically applied, did not change their form at first, but a day or two's perseverance in assimilating remedies in the attenuated form, seldom failed of producing perceptible mitigation of the paroxysms, so that each successive one appeared to be of a milder character, and more remote, until they finally disappeared altogether, leaving the subjects in possession of a good degree of strength, and sufficient recuperative power to regain their accustomed health in a very speedy manner. In some instances, where a number of the same family became afflicted with the disease, a part of the number were treated with the ordinary homœopathic remedies as indicated, while the others, either of their own accord, or in accordance with the advice of an allopathic physician, took Quinine for the sake of obtaining speedy relief. It was observed that the cases treated homœopathically were permanently cured at a much earlier period than those who resorted to the use of Quinine, yet the Quinine would seemingly hold the

disease in check at once, like a smothered fire burning all the while, with only an occasional development of the flames. The Committee would most respectfully suggest, that intermittents appear to be of that class of affections common to this climate, that require for their treatment the observance of settled hygienic principles, the nature of which, it is hoped, will be suitably canvassed by the members of the Society.

During the month of November, Scarlet Fever began to rage among children. It was for the most part of a mild character, and came on oftentimes without the severer symptoms that characterize the appearance of that disease. In many cases, however, it assumed a more aggravated form, and often proved fatal. It was observed that those children who suffered with the disease in the most malignant form, were weary and languid for several days previous to the occurrence of more marked and violent symptoms; and also, there was generally a degree of fœtor from the breath; following this state, was severe pain in the head, vomiting of greenish bile, quick pulse, great prostration, and disposition to coma. About twenty-four hours after the vomiting, the eruption usually began to make its appearance, irregularly at first, but afterwards more general; severe inflammation of the tonsils and fauces, and a swelling of the parotid glands, were the general attendants of the disease, though in some cases the force of the disease seemed to be in the brain, and all that could be predicated was, that the victims sickened, had severe pain in the head, and vomited without intermission, until they fell into a deep coma and expired.

It has been usual to ascribe the cause of scarlatina to a miasm in the atmosphere. It has also been usual to divide the disease into simple anginose and malignant. But if scarlatina is produced by a miasm, we must seek other reasons for making the arbitrary division into grades, than to suppose that each grade has its corresponding miasm. It has been suggested that simple scarlatina is the uncomplicated form of the disease, and therefore, easily to be managed, and that both the anginose and malignant forms are complications with either the psoric or scrofulitic diathesis, which Hahnemann speaks of as prevailing so extensively in the human family; and from this view of the case, we would suppose that the main difficulty with regard to the treatment of these cases, exists in the undue aggravation which the acute disease has imparted to

the chronic diathesis. Now, if this be the case, it shows the importance of acquiring the previous history of family diseases, so as to be able to judge well of the nature of any hereditary physical infirmity. For if it can be well ascertained that some chronic malady has been in the family, remedies may be given with reference to holding this in check until the acute derangement becomes subdued by appropriate remedies. We would most respectfully call attention to this matter, hoping that no effort or pains will be spared to investigate more fully into the truth or falsehood of the assumption.

During the prevalence of the scarlatina the mumps also prevailed extensively. There is nothing new with reference to this affection; the usual phenomena were found to exist. In the opinion of some, there is a peculiar fever attending the mumps, liable to become chronic from improper treatment or exposure,—a subject perhaps that may be useful to investigate, and the Committee would submit the same for consideration.

Erysipelas also prevailed among adults while scarlatina was prevailing among children. The acute form of the disease uncomplicated with any aroused chronic difficulty, yielded very generally to those remedies found successful in the treatment of scarlet fever. The manner in which erysipelas made its appearance was as follows: Pain in the head, sickness at the stomach, bilious vomiting, and more or less pain in the hepatic region. The common duration of the disease in adults is about the same as that of *scarlatina* among children. The question is often asked if this disease can be permanently cured? If it cannot, what is the obstacle? The Committee would suggest the propriety of studying the matter carefully; for humanity demands of us not to stop until we have done all that can be to mitigate human suffering.

The Grippe or Influenza has prevailed very much at different times during the winter. Early in December, it made its appearance, attacking thousands. Pain in the head, back, loins, and limbs, aching of the bones, fever and chills, sore throat, coughing, sneezing, and snivelling, were among the prominent symptoms. Duration of the disease, about five days.

Another form began to prevail in April, which began with loss of appetite, chills and fever, pain in the head and back, sickness at the stomach; in some instances the throat was affected, but in

others not. The duration of this disease under homœopathic treatment did not usually exceed five days.

Isolated cases of small-pox and measles have been observed, but they have not prevailed as epidemics, and nothing unusual has occurred with reference to them.

With regard to the treatment of these various diseases, together with the whole range of diseases, epidemic, endemic, or sporadic, the Committee have but little of a definite character to offer. But they would merely state that the indifference and want of interest generally among physicians, operates as a serious barrier to the Committee obtaining as extensive a knowledge of the natural history of disease and the application of remedies as could be desired.

The Committee would conclude their present report by suggesting that the difficulties in the way of progress could in a great measure be overcome, if the senior members of the profession would communicate a little more of their observation and experience for the benefit of their junior competitors. It is lamentable indeed, that we have so little aid from those who are so abundantly able to lend a helping hand in promoting the improvement of our profession. Why is it, that our older members appear to be so backward in attending the meetings of the Society? Why do they let the younger ones suffer for the want of their presence to encourage them, and their experience to guide them in the way of progress? Why is it that all our old friends, or at least so many of them, never think it worth while to trouble themselves about the meetings of the Society? There is not a member of the honorable body, but that ought to feel himself bound by the most sacred considerations,—with reference to heaven and earth, to learn all he can of the real nature of disease, and the means of effecting its cure, and according to the binding obligations of heaven, as well as those of their own honor among men, they ought to communicate for the benefit of their brethren; and then the Committee on Pathology will have a pleasant and useful task to perform in making up a report.

All of which is respectfully submitted in behalf of the Committee.

A. E. SMALL, Chairman.

YELLOW FEVER.

A LETTER TO CARROLL DUNHAM, M.D., BY FRANCIS GODING, M.D., BARBADOES.

Barbadoes, March 9th, 1853.

MY DEAR SIR:—

Your wishes on the subject of the Fever, which broke out here during the latter months of the year 1852, I shall now endeavor to gratify.

That the fever is not endemic, but is of foreign origin, and that it was imported here, I firmly believe. That it differed from the bilious remittent and other fevers of the West Indies, commonly included under the appellative "Yellow Fever," I am also, persuaded from the following considerations. In its recent visitation to this island, it did not regard complexional differences; black, colored, and white people were equally the subjects of its attacks, while from the bilious remittent, when the latter has prevailed as an epidemic, the blacks are said to have hitherto had immunity. It was a continued fever, unattended by remissions and exacerbations, save in a few rare instances. It was *contagious* (I say this with the knowledge that a contrary opinion is entertained by the General Board of Health of England); not so, the other fevers of the West Indies. Its worst forms were characterized by *black vomit*, and a still more fatal symptom, the *suppression of the secretion of urine*. Yellowness of the skin was not necessarily a concomitant symptom, although this was of frequent occurrence, and jaundice an occasional sequel. I became forcibly impressed with the conviction, that distinctions existed between this disease and other ordinary fevers of the West Indies, at an early period of its outbreak, and before I had read Sir William Pym's book on Yellow Fever, a work which has since confirmed the views I had previously formed, and to which I attach much importance, particularly as bearing upon the debatable point of contagion, and as testifying to the inefficacy of the depletory and mercurial treatment in this malady. With that author I consider the fever to be of African origin, and known elsewhere as Bulam fever, Vomito Negro, etc.

The following symptoms of the fever as it appeared at Barbadoes,

are not to be supposed as having presented themselves in any single patient: they are a summary of the whole as witnessed in many cases:—

Malaise and languor occasionally preceded the attacks, but in a great majority of cases the invasion was sudden, and ushered in by shiverings, varying in duration, and more or less violent in degree. The chill or ague, was in some instances accompanied by chattering of the teeth, extreme coldness of the surface, pallor of the face, and faintness. In others, the chill would scarcely be noticed, ere it was succeeded by heat; again, short alternations of chill and heat would be perceptible before the hot stage ultimately set in. A hot and dry skin, a true *calor mordax*, supervened, and with it violent shooting pains through the head, involving the forehead and orbits. The eyes were injected and intolerant of light; the cheeks flushed. Pains more or less severe, were felt in the back, loins, and lower extremities, and the pulse, bounding under the finger, seldom beat under 120, sometimes it even exceeded that amount. As the disease advanced, the eye became more tinged, glistening, staring—the patients anxious, restless, thirsty, and sometimes delirious. Yellowness of skin and sclerotica now appeared in some cases, and was either transient or persistent. An efflorescence, like that in scarlatina, was observed on a few patients. The tongue, which at an earlier period had been whitish, or scarcely altered from its usual state, presented a white, gray, or brown fur in the centre, with very red edges; the papillæ red, and prominent through the coating. The buccal cavity red; fœtor of breath; gums receding from the teeth; hemorrhage from the gums. More or less irritability of the stomach prevailed throughout the course of the disease; nausea, vomiting, consisting of the liquids drank; bilious vomiting; tenderness on pressure of the epigastrium; sore pains, and sensitiveness of the abdomen; burning in pharynx, œsophagus, and stomach; black vomiting, the substance ejected from the stomach resembling coffee-grounds, the lees of port wine, or they were flocculent, the flocculi being black as ink; sometimes the flocculi were interspersed with white laminæ, either of coagulated lymph, or probably the villous coat of the stomach;* the latter kinds of vomit exhaling a cadaverous, sickening odor. Black.

* Observed in one case only, which was fatal on the fourth day.

liquid dejections, or dark, indurated fæces; constipation; hemorrhages from nose, gums, stomach, rectum. Great debility, extreme prostration; petechiæ; turbid and dark urine; partial or complete suppression of urine, with great anxiety, oppressive respiration, indescribable sensation about the stomach and præcordia; slow pulse; flatus; hiccough; spasm of diaphragm; bloated face, eyes like those of an epileptic recovering from a spasm.

Dissolution was preceded by clear intellect; an evident struggle to collect and arrange the ideas, moanings, suppressed shriekings, delirium, coma. After death, yellow and dark discoloration of the skin ensued, and rapid decomposition of the body.

Such were the symptoms characteristic of the fever; and no disease that I know of, present so insidious a character as this. The slightest irregularity in diet, a premature return to accustomed habits, brought on dangerous symptoms, or a relapse; and not unfrequently it has happened that when the invalid was thought out of danger, an unfavorable change has occurred, and the patient succumbed to the malady.

The duration of the fever was from six hours to seven or eight days. When of a mild form and early treated, rapid convalescence succeeded to a few hours' illness. In the more malignant forms, ending fatally, the patient died generally on the third, fourth, and fifth days.

Sir William Pym notices four forms of this fever; and as his descriptions, so far as symptoms are concerned, agree in many particulars with my own experience, I furnish you with a transcript from his work.

"As far as my experience went, it seemed to attack in four different forms.

"In the first or mild form, it generally makes its appearance with languor and slight chills, soon followed by heat of skin, quick and full pulse, uneasiness in the loins, severe headache, confined chiefly to the orbits and forehead. The eye has a peculiar shining, or drunken appearance, the pulse is quick, the tongue furred but moist, with little thirst, the skin dry; frequently, sickness at the stomach, with a sense of uneasiness not amounting to pain in the epigastric region, and a sensation of rawness, or slight inflammation in the fauces and along the course of the œsophagus. These symptoms continue from twelve to twenty-four hours, when the

patient, after having taken no other medicine than perhaps a brisk purgative, and sometimes (particularly soldiers when attacked soon after dinner), a gentle emetic, such as a glass of tepid water, or weak chamomile tea, falls into a sleep, from which he awakes in a gentle perspiration, free from pain and fever, complaining only of debility, from which he rapidly recovers.

“In the second form, the patient is attacked more suddenly, and the symptoms run much higher. What was only languor and slight chill in the mild form is increased to shivering and rigors; the headache, which is confined to the orbits and forehead, as in the first form, is excruciating; the patient also complains much of pain in the loins, and calves of the legs; the face is flushed; the eyes are glassy, and appear slightly inflamed; the skin is burning hot; the tongue in general furred, but moist, with little thirst. In a few hours uneasiness of the stomach comes on, with nausea and vomiting, severe pain in the epigastric region, with a sensation of rawness, or inflammation in the fauces, and course of the œsophagus; great anxiety, restlessness, and painful watching, with a most anxious desire to sleep; the urine dark-colored and small in quantity, and constipation of the bowels. All these symptoms, from the early and repeated administration of strong purgatives, whether calomel combined with rhubarb or jalap, magnes., vitriolat., cream of tartar in the form of electuary, ol. ricini, or infusion of senna (I prefer those least disagreeable to the patient), assisted by laxative clysters every hour, if necessary, cool air and drinks, the saline julep, ad libitum, sponging the surface of the body with vinegar and water, blisters to the forehead and region of the stomach, generally gave way about the second or third day, by the patient falling into a sleep, from which he awakes greatly refreshed, with a moist skin, and nearly free from pain and fever, complaining, as in the first form, of debility only, from which, although it is much greater in degree, the recovery is also wonderfully rapid.

“In this form of attack, however, this relief from pain, and apparent convalescence, are often of very short duration, for in many cases the patient, in a very few hours, begins to be troubled with flatus of the stomach and distressing hiccough, and is suddenly and unexpectedly seized with faintness, sickness, and painful retchings, followed by vomiting, at first of what had been taken as food or drink, and very soon after by a brownish fluid, resembling dirty

water, mixed with a dark-colored flaky matter, which floats upon its surface, and at last by a matter resembling coffee-grounds. At this time, also, a great change takes place in the countenance, which assumes a putrid or dingy appearance, particularly with those who in health had a florid complexion: a light-yellow or lemon tinge shows itself under the eyes and ears, which soon spreads to the neck, and over the whole body; the vessels of the eyes appear relaxed and distended with blood. The quantity of fluid ejected in most cases wonderfully exceeds the quantity drank; indeed, all the fluids in the body seem to be pouring into the cavity of the stomach; for when it has to all appearance been emptied several times, and the patient thinks himself relieved from any further painful straining, he is, in the course of a few minutes, without having tasted drink, under the necessity of again having recourse to the basin.

“The vomiting, in the latter hours of the disease, is attended by a peculiar loud and hollow noise, which is heard at a great distance; and is a most painful and distressing sound (particularly in camp) to those who are aware of the suffering of the patient.

“During this state of misery, the patient is sensible to surrounding objects, as well as of his fate; most restlessly tossing about the bed, with the highest degree of despondency painted in his countenance; looking anxiously upon his friends as if asking relief, but unable to express his wants; when, worn out by fatigue, in hopes of rest, he closes his eyes for ever, and often without a struggle.

“The second attack, paroxysm, or exacerbation, as it has been called, is evidently the consequence of gangrene, or a diseased condition of the villous coat of the stomach, without fever, and terminates in death, from the fifth to the seventh day. There are very rare instances of recovery from this state of disease, where good nursing is of more consequence than all the medicine in the *Materia Medica*. The patient requires to be fed by teaspoonfuls of whatever is most agreeable, or that his fancy dictates. I have known several patients recover who had been supported for some days by nourishing injections only, the stomach being so delicate, as to loath or not retain the most delicate food that could be offered. I have also known several patients fancy and eat with relish a raw onion, when the mention of the greatest luxury made them sick. In this delicate and diseased state of the stomach, the

smallest exertion, on the part of the patient, is apt to induce faintness, which, when it does occur, is generally succeeded by vomiting, which it is difficult or impossible to allay. He ought not, therefore (however anxious he may be to get up), to be allowed so much as to sit up in bed; and when he wishes even to change his position, it ought to be done slowly and with assistance.

“In the treatment of this disease, everything depends upon the early action of medicine upon the bowels, which must be kept open during the course of the disease; and in no complaint are laxative injections so remarkably useful. To alleviate symptoms, blisters, effervescing draughts, nitrous and vitriolic ether, the mineral acids, punch, hock, and champagne, the warm bath, and tepid sponging, are, according to circumstances, had recourse to. In very warm weather, sprinkling the room with water, and hanging up moistened sheets or blankets in the currents of air, create an agreeable sensation of cold. After the febrile symptoms have disappeared, recourse was generally had to tonics, among which bark was the first in use, although, I must confess, that I had very little opinion of it as a medicine. Patients, from being indulged in moderation with whatever struck their fancy, recovered rapidly. White fish, such as soles, and fresh eggs, boiled not longer than two minutes, with bottled brown stout, or East India porter, were what I generally recommended during the first days of convalescence, and I found it more necessary to regulate my patients in the quantity than in the quality of their food. I recommended them to eat little and often, and their rapid convalescence was wonderful, without any remains or appearance of disease, excepting in those cases where the internal coat of the stomach seemed to have suffered, and several of these complained for some time afterwards of dyspeptic symptoms.

“The third form is an aggravation of all the symptoms of the second from the moment of attack. The sickness at stomach, hiccough, and black vomiting, come on much earlier. The face is much more flushed, and the heat of the skin is greater. This form of disease is also attended, at an early stage, by violent delirium. Hemorrhages also make their appearance very early from the nose, mouth, and ears; the liver and kidneys lose all action, there being rarely any secretion of bile or urine; the countenance changes to a livid hue, with yellowness of skin; and

the patient is carried off frequently on the second, but generally on the third day, very often in convulsions.

“The fourth form, although not so violent in its symptoms as the third, is equally fatal in its termination. It attacks in a much more insidious manner, the patient complaining for several hours of nothing but languor, which is followed by chilliness and rigor, with pains in the loins and calves of the legs. The headache is not so severe. The pulse is small and very quick, heat of skin very little augmented; but there is great anxiety and oppression at the præcordia, with an indifference to surrounding objects. The bowels are obstinately constipated: no secretion of urine, from the first attack: the tongue often unnaturally clean, and of a clear shining vermilion color. Hemorrhage shows itself very early from the gums and nose, with petechiæ and vibices: little thirst, but great irritability of stomach, with hiccough and black vomiting, attended frequently by involuntary discharges of the same appearance from the bowels, towards the close of the disease, when the peculiar change of countenance with yellow skin takes place, attended by low muttering delirium, and death closes the scene very often before the end of the third day.”

From these extracts, you will form some conception of the variable intensity of the disease. Newly-arrived Europeans, and those not acclimated, were more predisposed to receive its most malignant forms. No class, age, sex, or complexion was exempt. In a succeeding paragraph, Sir Wm. Pym writes:—“I wish I could point out any method of treatment by which there might be even a probability of relieving the symptoms in the last two forms of disease. It is true that they laugh to scorn all the efforts of medicine; (!!) and certainly if purgatives do not produce some effect in a few hours after the first attack, there is little hope of a favorable termination.” Honest, but how humiliating to human pride is this confession in one of that school which boasts itself on the accumulated experience of two thousand years!

Of this fever, I personally treated, to the end of January, 1853, and during the four preceding months, 308 cases, irrespective of many other patients who obtained medicine without attendance. Of the 308 cases, 10 were fatal, giving a percentage of 3.23 deaths. Many of the cases were of the milder forms, some indeed

of so ephemeral a character as to need scarcely anything else but attention to diet. Many, however, were serious and severe invasions of the disease, the issue of which it was not easy to foresee, entailing unremitting care and watching to combat the formidable symptoms which would suddenly and frequently arise in the brief course of a malady which made short work of its attack, and gave little time for opposing it. Of the fatal cases, 3 had black vomit, 2 black vomit and suppression of urine, 4 suppression of urine alone; 1 died comatose in thirty-six hours after I saw the patient, who had been ill four days without medical attendance, having been seized with the fever on his passage from a neighboring colony.

Independently of black dejections, black vomit occurred in 19 persons,—a little over 6 per cent. of the total number of cases.

The medicines found most efficacious, and which I employed, were, Aconite, Belladonna, Arsenic, Veratrum, Nux vom., Merc. sol., Ipecac., Bryonia, Cantharis, Argentum, S. nitricum, China.

The third alcoholic dilution of Aconite and Belladonna were given alternately every hour at the commencement of the hot stage, and, in most cases, sufficed to cure the patient. It was impossible not to recognise the effects of these remedies, and how they grappled with the disease, either modifying it, or altogether preventing the occurrence of its worst features. *Arsenicum* I found an invaluable agent in prostration and black vomit; and, on considering the pathogenesis of that remedy, one cannot but be struck by the resemblance which it bears to the general predominant symptoms in this fever. *Veratrum* also, and *Nitrate of Silver*, particularly the latter, I found useful in black vomit; my colleagues used *Lachesis* successfully. I cannot refrain from relating, by way of episode, that a highly-esteemed friend and eminent physician of the old school, hearing how this remedy and Nitrate of Silver had been successful in checking black vomit in the hands of the Homœopathists, advised in consultation a trial of *Lachesis* after the failure of the usual remedies. This advice, however, was contemptuously rejected, because, forsooth, the remedy was a Homœopathic one. The Nitrate of Silver was then suggested and assented to, that being in the Pharmacopœia. Doses of $\frac{1}{2}$ grain in distilled water were accordingly given, and the patient's life was saved. This result, I am told, led to the issue of a general order

that her Majesty's troops having black vomit should in future be dosed with Nitrate of Silver.

When suppression of the secretion of urine was intimated by burning in the stomach, anguish of præcordia, the absence of urination, or a scanty excretion, Cantharis, exhibited early, was very effective, and generally acted with rapidity; when slow pulse and coma supervened on these symptoms, and the first dose or two of that remedy did not produce a flow, the fate of the patient was decided.

Not having *Crotalus*, for which I am now indebted to you, until at a late period of the epidemic, I had an opportunity of trying it only once,—in a case in which from the jaundice, prostration, and the hemorrhagic state, it seemed strongly indicated. Its use was recommended in consultation, at too late a period to judge of its efficacy. The patient, a protracted case of the fever, was almost moribund when the remedy was administered; the black vomit and hemorrhage seemed, however, to have been arrested for several hours prior to death.

As sequelæ to this disease there occurred, in my practice, two cases of intermittent fever, one of a tertian, the other of a quotidian type, one protracted case of typhus stupidus, attended with bloody discharge from the bowels, and one or two cases of a mild form of jaundice, of very short duration, which yielded readily to China.

I was particularly struck with the resemblance of the symptoms of this fever, to those produced in the metallic provings, for instance, to the pathogenetic effects of Arsenic and Lead, which almost induced me at one time to try *Plumbum* as a remedy. Arsenic, as I have already said, was of great service.

Is not this disease an intense gastro-enteritis? Impressed with this idea, I applied to the head of the Medical Staff, the Inspector-General of Hospitals of St. Ann's Garrison, where the fever was severe among the troops, for the general results of the dissections, with which he courteously furnished me. These, as they are not devoid of interest, I annex.

“POST-MORTEM APPEARANCES OBSERVED IN THE LATE EPIDEMIC.

“Body strong and muscular; skin and conjunctiva of a yellow color, varying in degree of intensity; dependent parts of a dark

livid color. Black, grumous matter occasionally escaping from mouth and nostrils. Petechiæ observed in case of a sailor ; in two cases ecchymosed spots on the eyeballs.

“The indication of diseased action in the *brain* were very obscure and often wanting, the intense frontal headache being probably chiefly symptomatic. Turgescence of the superficial vessels and sinuses was not unfrequently observed. The pia mater occasionally presented opaque spots (lymph); in some places the membrane was hazy, with a little serum underneath ; a small quantity of serum was also sometimes found in the ventricles, and occasionally at the base to the extent of an ounce or two. Substance of brain and cerebellum generally healthy. The lower part of the œsophagus was congested, and of a dark red hue in many, while in others it was not much affected. The mucous membrane of the stomach was in many instances highly diseased, being soft, roughish, corrugated, flocculent, and easily abraded ; these appearances better marked in the great cul-de-sac, where the membrane has been observed of a *dark purple color*.

“In the majority of cases, bright red patches and streaks were observed, perhaps in greater abundance near the pylorus. In one of the earliest cases the parietes of this viscus were considerably thickened, and had a fleshy feel. The black vomit was found in the stomach of nearly all ; in a very few cases it was found empty, but in the latter, ejection of the black matter occurred a short time before death.

“The appearances described in the stomach were in a less intense degree observed in the duodenum, varying in extent from a few inches to nearly the whole length of that gut : the remaining portion of intestine showed few marks of disease, but frequently contained the black vomit. In one case a tapeworm of many feet was found.

“Liver of a pale yellow hue, friable and bloodless ; thus, after section of a portion of its substance, pressure was required to cause blood to flow from the divided vessels. The gall-bladder generally contained bile, and in several that were examined, the duct was found unobstructed. Spleen sometimes large, at others smaller than usual, and was more or less congested.

“Kidneys, no organic disease has been observed ; occasionally there was no appearance of *any* disease ; frequently they were

congested, with, however, the cortical and medullary portion well marked. In every case treated, partial, and, in some instances, entire suppression was observed."

The following extracts from Sir William Pym show analogous pathological phenomena :

"It is evident, also, that the stomach is the part chiefly affected in the Bulam fever, as, from the frequent examination after death of those who die of this disease, it appears that they have been destroyed in consequence of irreparable injury to the viscus." Dr. Bancroft says, "In some cases, almost the whole inner surface of the stomach was inflamed, very often portions of the villous coat were abraded, and not unfrequently observed *floating among its contents*." Dr. Hush says, "The stomach was inflamed both on its outside and inside, its villous coat covered with fuzzy and shiny matter. This peculiarity in the inner coat of the stomach was universal." Dr. M'Arthur upon Yellow Fever, says, "In ten cases of a peculiarly aggravated degree of fever, where much delirium had been present, I opened the head: in five cases, the brain did not exhibit any marked appearance of disease; the stomach, on the contrary, in above a hundred cases which he inspected, showed the following appearances,—irregular spots, patches, and streaks of the internal surface in a state of inflammation, gangrene, or sphacelus; sometimes large portions of the villous coat destroyed."

The following is an extract from a report of several dissections by Drs. Physick and Cattrall, during the epidemic of 1793, at Philadelphia :

"1. The brain in all its parts has been found in a natural condition.

"2. The viscera of the thorax are perfectly sound.

"3. The stomach and beginning of the duodenum are the parts that appear most diseased. In two persons who died on the fifth day, the villous membrane of the stomach was found highly inflamed; the inflammation was exactly similar to that induced in the stomach by acrid poisons."

The dissections at Cadiz by the Spanish physicians confirm the same. M. Berthe says, "En examinant l'estomac, on y decouvrait les traces d'une phlogose récente qui'avait été suivie d'erosion de

la membrane interne de ce viscere: *il était même quelquefois gangrené.*"

The same has been universally observed in the West Indies, and at Gibraltar, every time that disease has prevailed there.

I send you the reports of three cases; the first has been already published by the island press.

Believe me, dear sir,

Very truly yours,

FRANCIS GODING.

Carroll Dunham, Esq., M.D., Brooklyn.

CASE I.—J. L. K., white, aged 14, of bilious temperament, was suddenly seized at 4 o'clock, A.M., on 15th, with chills, quickly followed by headache and hot fever. Found him, at 10 A.M., with following symptoms:—severe and shooting pains in head, forehead very hot, cheeks much flushed, eyes injected and intolerant of light, tongue slightly furred in the centre, with red edge, dry, burning heat of skin; uneasy, anxious expression of countenance, pulse quick, full and bounding, oppressed respiration. He complains of pains "all over him," but particularly in his head, back, and lower extremities. Tinct. Aconit., 3d dilution, five drops in a wineglassful of water. Tinct. Bell. (3), in a wineglassful of water; a teaspoonful of the medicines to be given alternately every hour. A slip of muslin was laid on his burning forehead, and ordered to be moistened with cold water. Water alone to be given to assuage his thirst.

2 P.M.—No material change: the medicines to be continued every two hours in alternation.

Oct. 16th, 6 A.M.—Very restless, sleepless night; delirious at times; bowels moved in the night; tongue is now furred, of a dark gray in centre, very red edges and tip; eyes still injected, with very slight tinge of yellow; feter of breath; complains of cutting, sore pains across stomach and bowels; abdomen sensitive to pressure; thirst; skin still very hot; pulse quick, but more compressible than yesterday; the headache relieved. Discontinue Bell., and give it occasionally only, should the headache get worse. Aconite every third hour.

8 P.M.—Much the same; head cooler, and a slight moisture on the skin; continue Aconite every fourth hour.

Oct. 17th, 10 A.M.—No sleep and a restless night; garrulous delirium, “talked idly,” had several large, loose, and dark evacuations; urine red and turbid; vomited twice at 8 and 9 P.M. dark greenish matter, with black streaks adhering to the sides and bottom of the basin; the heat of the skin has abated, and gives place to a clammy moisture; pulse quick, and quite compressible; great languor; cannot move without assistance; turning in bed causes nausea; anxious and very pale face indicative of mental uneasiness and weakness; complains of great debility and a burning sore pain in pit of the stomach and in the bowels; replies at times incoherently to questions; fetid breath. Tinct. Arsenicum (3d), four drops in a wineglassful of water; a teaspoonful every two hours; discontinue Aconite.

2 P.M.—Burning in stomach relieved, but there is still pain and nausea; feter of breath; the patient has a more cheerful countenance, and says he is better. Continue Arsenicum every fourth hour.

8 P.M.—At about 3 o'clock, the patient suddenly gulped up a tablespoonful or two of black matter, like coffee-grounds. Since then he has had no vomiting. He now seems better: the tongue is cleaning, and the pulse improves; the skin almost natural; still complains of pain and a lump in his stomach, and the burning has returned slightly. Nux Vomica (6), 3 globules immediately: continue Arsenicum every six hours; Veratrum alb. (3), 3 drops in a wineglass of water; a teaspoonful to be given should the black vomit return during the night.

Oct. 18th, 6 A.M.—Had a vomit at 3 this morning, but merely of a whitish glairy mucus, very slightly tinged with dark streaks. A dose of Veratrum was given. The patient feels much better, although he has not slept, and all his symptoms are more favorable. He says his teeth are loose; and, on examination of the mouth, the gums are found dark-red, tender, and slightly ulcerated at the joinings with the teeth.* The tongue continues unnaturally red, with a thin white-furred centre. The burning and lump in the stomach remain, but without nausea. Discontinue Arsenicum; Nux Nomica (6) 3 globules directly. As the patient has taken

* Stomacace. In the boy who died of the fever, this inflammation of the mouth had something the character of sea scurvy.

nothing but water during his illness, sago was ordered in small quantities at a time.

Oct. 19th.—Improvement progressive; skin natural; fetor of the breath gone; bad appetite; expresses a desire for a little bread and honey, which was allowed, and beef tea ordered. As he sleeps badly, China (3), 3 globules to be given to-night.

20th.—Slept soundly through the night, and is much refreshed.

21st and 22d.—In *statu quo*; no more medicine; has been moved on a sofa, and feels stronger; urinary difficulties, the secretion being of a deep tinge, like that in Jaundice. Bry. (6), 3 globules. Has permission to go home into the country to-morrow.

24th.—Visited my patient to-day. He bore his journey well, and although weak, he progresses favorably.

CASE II.—Miss E. I. H. E. White, aged ten years. Her father reports, that at 5 o'clock in the morning of 26th December, his daughter started out of sleep, and began to cry from excruciating pains in her head, and pains and burning in her eyes, which were very red. Her tongue was white, and skin burning hot and dry. She complained of pains "all over," and when the abdomen was pressed, of sticking pains around the umbilicus. Her pulse was very rapid and full. Her parent, who is an amateur Homœopathist, and had already dealt with the fever in his family, fourteen members having had it more or less severely, administered Aconite and Bell. alternately every hour until I arrived.

1 P. M.—The head symptoms were much alleviated. The cheeks flushed; eyes very red, and intolerant of light; tongue thickly coated white, with very red edges and tip; skin burning and dry; pulse bounding under the finger, and 140. The pains in the back and extremities were not so severe as she had had them, and the sensitiveness to pressure and pricking pains of the abdomen had, in a great measure, subsided. Ordered Tinct. Aconite (3), three drops in a wineglassful of water, a teaspoonful every hour. The Bell. to be discontinued, unless the headache should return, when it was to be given occasionally.

Dec. 27.—At 3 o'clock yesterday, nausea and vomiting of bilious matter ensued, accompanied by a profuse sweat, which, however, was quickly succeeded by the dry hot skin, and a return of shooting pains in the head, with restlessness and delirium, all of

which continued with little intermission during the night, save that towards morning the headache became alleviated, one or two doses of Bell. having been administered.

10 A. M.—The patient is very restless, complains of thirst, moans, is impatient, and cross. The eye still red, glistening but intolerant of light; light headache; slight fetor of breath. The temperature of the skin is reduced since yesterday; pulse 120. Tongue thickly coated, and with red edges. She has abdominal soreness, and some sensitiveness of epigastrium to pressure. She sighs, and says she is very weak.

A dose of Merc. sol. (6), 2 globules, was given, and Arsenicum (3), in alternation with Aconite (3), every second hour, ordered.

Dec. 28.—The patient has passed a very restless and sleepless night. Much delirium, with occasional short lucid intervals. Bell. was twice given in lieu of Arsenicum, which calmed and composed her for a brief period. A dose of Merc. sol. having been given at 7 this morning, a jet-black indurated stool followed.

11 A. M.—Not much heat of skin, but rather a clammy feel at times, alternating with dryness: more tenderness of epigastrium and soreness of abdomen than yesterday. The patient is very restless, rolling from side to side in bed; at times a disposition to coma, and when roused she replies fitfully and incoherently to questions. Pulse 116. Pain in head has altogether vanished. Mercurius to be repeated.

6 P. M.—Has had another black, hard stool, soon after the Merc., accompanied by a small quantity of dark red urine. About 4 o'clock she suddenly vomited a fluid like coffee-grounds, mixed with black streaks. There is now no heat of skin. She is pale, anxious, restless; complains still of her stomach, and of great uneasiness in her bowels. Pulse 116, weak.

Tinct. Arsenicum (3), every two hours.

Dec. 29th, 5 A. M.—Bowels again moved in the night; hard and black evacuations as before. At 3 o'clock she had cold perspiration; lost all delirium; complained of severe pains all over her; said she felt herself dying, and called her family about her to take leave of them; then, shrieking, she suddenly ejected large black flocculent vomit. She is now much exhausted; weak; a weak pulse, 108; clammy sweat; anxious countenance; ghastly pale; restless, but lucid; great fetor of breath; complains of burning in

stomach and throat, with sweetish-bitter taste. Tenderness on pressure over the whole abdomen; tongue and buccal cavity red; has passed no urine since yesterday evening, although she lately endeavored to do so. Tinct. Cantharis (1), one drop in a little water immediately. Argent. Nitras (6), 2 globules in water every two hours. Discontinue Arsenicum.

6 P. M.—Bowels have moved twice; same character of evacuations; has passed very red and turbid urine. An hour ago, another large flocculent, black vomit occurred, preceded by violent pains in the bowels. She has since been singing, an unusual thing for her, because quite unconscious of everything passing around her; seemed neither to see nor hear. She is now tranquil and conscious, but very weak; pulse 108. She refuses the sago, which had been ordered for her, having previously had nothing but water. Continue Argent. Nitras. every fourth hour.

Dec. 30th, 6 A. M.—Consciousness returned during the night (delirium had again come on), and she had got some snatches of sleep. The pains ceased, save a burning sensation during an effort to void urine, for which, and in consideration of the small quantity passed, a dose of Cantharis (1) was given. Another vomit occurred at 5 A. M., but it was of a different character, there being only a comparatively small quantity of black matter ejected, which seemed more like mucus. It was not attended by pain, and she slept directly after it. She is now more composed; pulse 108, weak; skin and eyes very yellow; bowels were moved, discharge of the same consistence and color; urine of a saffron hue. Free from pain. Argent. Nitras. every sixth hour.

7½ P. M.—Passed a pretty tranquil day, and has taken some sago several times. She now complains of pains in bowels, but there is no tenderness; pulse 108; secretion of urine abundant, and of a dark saffron color. Nux Vomica, 3 globules, in water, half now, to be repeated if the pains in the bowels continue. Discontinue Argent. Nit.

Dec. 31st.—Abdominal pains gone; appetite slightly improved; stools still indurated and dark; urine the same as yesterday.

Jan. 1st.—Feels stronger; sleeps well; skin and eyes continue very yellow, and the tongue, though less red, has a brown fur in the centre; pulse 100, and stronger; various kinds of amylaceous food have been taken, and beef tea. Sulphur (30), 2 globules, dry.

Jan. 2d.—Her general appearance is much improved, and the tongue is cleaner than yesterday; skin and eyes are still very yellow; complains of debility. China (3), 2 globules in water.

Jan. 3d.—The patient progresses favorably; yellowness of the skin and eyes is fast disappearing. From to-day rapid convalescence ensued, and more nourishing diet being ordered, she very soon regained her health and strength.

CASE III.—Miss G., aged twenty-five. Has been treated Allopathically for the yellow fever, which she has had several days. Her medical attendant leaving the island, I was called upon to attend the case. Present symptoms.

Dec. 8th.—Deep yellow skin and sclerotica; cold surface; anxious countenance; sighing; frequent respiration; great debility; and a sinking sensation. The tongue is clean, but anæmic; gums and lips pallid; pulse very feeble and small, 105. She complains of drumming and singing in her ears. She experiences no pain whatever, even when pressure is made on the abdomen. Profuse liquid and black dejections, smelling offensively, and mixed with blood, are passing off. Occasionally, the evacuation consists of dark liquid blood alone. These discharges, which are at times profuse, have been going on for two days, and with the great debility evinced by the patient, rendered the prognosis very unfavorable, notwithstanding that the patient was naturally of stout habit, and her voice not much enfeebled by her attack. China (3), every third hour.

Dec. 9th.—Rather less debility; more warmth of surface; noises in the ears less loud; bloody discharges and black dejections not so frequent, but still large; urine copious, dark, and very turbid; pulse the same. Tinct. Arsenic. (3), every third hour.

Dec. 10th.—Evacuations of both kinds less frequent and profuse. Pulse 85, with more volume. Continue Arsenicum every sixth hour.

Dec. 11th.—No evacuation of either kind from the bowels since yesterday. Color of the skin and eyes the same; complains of bitter taste, and a bruised pain in the back; urine dark red and turbid. Ascertained to-day that she had already taken Mercury to some extent. As it was now clearly indicated, I gave first, as a precautionary measure, a dose of Sulphur (6) directly, and or-

dered Merc. Sol. (5), in alternation with China (6), every fourth hour, to commence this evening.

Dec. 12th.—Has taken two doses of each medicine; the pain in the back has left her, there is more animation of countenance. Urine not so dark and turbid, but of a saffron-color. Bowels not disturbed. Continue Merc. every sixth hour alone.

Dec. 13th.—One stool, of firm consistence, but black; she feels stronger, and asks for food; meat-broths allowed, sago and arrow-root having been previously given. The jaundice does not yield. China (6) and Mercurius (6) were now ordered, twice a day, six doses of each alternately, with an interval of two or three days between the medicines.

Dec. 28th.—My patient continued to mend till the 24th, increasing in strength under the influence of the medicines, so as to be able to leave her bed, the yellowness of the skin gradually waning. For four days I did not see her, when to-day I found her in bed. The abdomen during my absence had surprisingly enlarged, and she complains of fulness, weight, and distensive pains. The abdomen on examination is very tense, and fluctuation is distinctly felt. A rapid accumulation of water has taken place in the abdominal cavity, and both legs are anasarcaous. The skin is still yellow, but by no means so much as at first; the urine is not diminished from the usual quantity passed. Stools whitish and small; she has taken, of her own accord, a dose of Castor Oil, with the idea of alleviating the uneasiness of her bowels; but although copious evacuations followed, it has afforded no relief. Chills occur every evening. Tinct. Arsenicum (3).

Jan. 3d.—The medicine was continued to date, with no material change; indeed, her sufferings have increased. Urine very scanty. Tinct. Hellebor. 2, bis die.

Jan. 5th.—Abdomen continues very tense and painful; the patient is discouraged; she cannot sit up even in bed, or take as much food as she could eat, from the weight, distension, and fulness, which the food seems to increase. Quantity of urine greater. She is anxious to be relieved by tapping, which I thought advisable to delay, in consequence of the evident increase of the urine. Continue Hellebor. (2). Next day she was seen, in my behalf, by a colleague, who, finding the skin warm, with great restlessness, gave a dose of Aconite, and continued the Hellebore regularly twice a day.

Jan. 10th.—Considerably less distension and pain of abdomen have been felt the last day or two; the swelling of the limbs is much reduced. From this day a gradual diminution of the size took place; the skin of abdomen became corrugated, the anasarca disappeared, and under an occasional repetition of Helleborus (3) in globules, the effusion became absorbed, and before the end of the month the patient had greatly recovered her health and strength. She is now quite well.

Whitehall, Barbadoes, March 16th, 1853.

ARNICA MONTANA IN DYSENTERY.

BY C. E. TOOTHAKER, M.D.

HAVING attended many cases of Dysentery during the past summer, and perhaps too often in common with many of my Homœopathic brethren, paid too much regard to the clinical experience of others, and too little to the detailed symptoms of each case, as compared with the well-proved pathogenesis of our medicines, I often prescribed Merc., Ars., Coloc., etc., with less satisfactory results than I expected, until, at last, having a case which proved very obstinate, I was led to a more close examination of our Symptomen-Codex for a remedy to correspond with the case in hand. After examining a number of remedies, my attention was directed to Arnica montana, to which reference is made in a late number of the Philadelphia Journal of Homœopathy, and on a careful examination of the symptoms, I found them to correspond more exactly with the symptoms of the case I had to treat, than any other medicine that came under my notice. These symptoms were frequent urging to stool, with severe pressure at the anus; tenesmus, with severe pains; frequent small stools; slimy stools; slime, with bloody stools; pains in the anus, as if it were bruised; pressive pains in the anus and rectum, mostly in the anus. After prescribing it, I met with Dr. W. A. Reed, and asked him if he had ever given Arnica in Dysentery. He said he had, but that Dr. Kitchen was using it extensively. I informed him that I was giving it under the above circumstances. I prescribed the third attenuation in water every half hour. The beneficial effects were marked in a few hours, and the recovery was afterwards rapid. In another case, the symptoms of the anus and stool less decidedly

marked, I selected the Arnica because the patient was subject to venous enlargements, having a number of varicose tumors on the lower limbs. Here the Arnica exerted a controlling influence, and with the aid of Arsenicum effected a perfect cure. I used it in a number of other cases, where it appeared to be required by the symptoms, but I have to confess I made no experiments with it in other cases, and if any Homœopath can furnish a record of cases of cures with Arnica alone, where the characteristics were loose, dysenteric evacuations, with violent colic, or cutting or burning pains, and tenesmus; or scanty, sanguineous evacuations, acrid or burning, with shudderings and shiverings; bloody stools, the pains not being sore, as from a bruise, but cutting and burning; or, dysenteric evacuations, with cramp-like colic, contractive-pains; or fetid and putrid burning and corrosive evacuations, I trust they will be furnished to the Journal for the benefit of the profession. It would open a new field of investigation in regard to the pathogenesis of Arnica, or develope some new principle of medical science. But, unless this be done, I presume the profession will believe that Arnica is only curative where its administration is indicated by its pathogenetic effects, that it is not a medicine to be prescribed *ad libitum*, but *secundum artem*, and that if it has been too much neglected in Dysentery, it is because its pathogenesis has been too little studied by Homœopathists.

For the author of the article alluded to I ever have, and I presume I ever shall entertain the most sincere respect. As a physician, his exact scientific attainments, his persevering industry and skill, and his long experience, are worthy of all praise, and I fully agree with him in opinion that Homœopaths ought not to neglect the *usus in morbis* whilst they pay so much attention to the *symptomata in sano* of remedies. But I can by no means believe, that "no one" studying the pathogenesis of our medicines would use Arnica "in Dysentery." On the contrary, my only wonder is that I should myself have neglected to use it so long, and I can only excuse myself to myself on the plea of habitual laziness, and disrelish for laborious study. In all the professions of life our minds are often accidentally or providentially directed to the thought which proves most conducive to our success. But I do not like the idea of accidental prescriptions for disease; I love the scientific observer who will give every requisite attention to any suggestion made by the most ignorant non-professional man or

woman. But I love, also, to see him bring those suggestions to the test of true scientific observation and research, arranging them according to the rules of the science to which he is devoted,—not allowing them to stand solitary and alone, like wandering stars, or stray comets in the infinite void of space, nor wasting his time in multiplying them, until, like the exceptions in grammar, they become more numerous than the rules themselves; but, like as a skilful builder arranges each stone in the place it is adapted to fill, until he produces a harmonious structure,—so I regard it as the province of the scientific physician to arrange the suggestions and experience of the less favored, uneducated observer, according to the known and established laws of the Science of Medicine, until observation shall have discovered, experience confirmed, and science demonstrated, classified and arranged, all the truths which appertain to the alleviation of every form of diseased life. Let us “receive knowledge from all sources;” let us “reject it from none;” but, let us so present it in the “harmonies of truth,” that it shall appear to stand, not as an inglorious exception, but as a new and beautiful elucidation of the truths of Homœopathy.

SECRETION AND EXCRETION: THEIR RELATION TO DISEASE.

BY JOHN H. HENRY, M.D.

As practitioners of the healing art, we are called to witness those secretions and excretions which pertain to disease and health. Each secretion and excretion from the temple of life should undergo the most rigid scrutiny, as they are the most reliable direct warnings from organs which sympathize with diseased parts. Believing as we do that the smallest dose of a remedial agent must have its outlet through some one of the secretory or excretory functions, importance, therefore, should be attached to each secretion and excretion according to the nature of the disease called upon to be treated. It is my duty to point out, as far as I am able, the difference between secretion and excretion. What we understand by secretion is a process of producing from the blood substances different from the blood itself, or from any of its constituents, as bile,

saliva, mucus, and urine. Secretion, in other words, is that which consists of certain acts by which different formations are generated from the blood. All are eliminated first in a fluid state. That which performs the office of nutrition assumes the solid form, which they are destined to supply as soon as eliminated. That which is appropriated to the fluids remains in that condition. After each secretion is formed, it must be appropriated. Every part of this complete system carries on a secreting apparatus, since every part has its work to do in appropriating blood to itself. Hence we see fluids which are permanent are generated by organs more complex and numerous than those which nourish the body. Each secreted fluid has an apparatus peculiar to itself, whose complexity corresponds to the nature of its product. Each has its specific ends in the living economy, and each is unsuited to the office of the other, and it would be destructive to life should one take the place of the other. For digestion, saliva, gastric juice, and bile are necessary, the blood having almost a natural cause of its own reproduction. Bile has three specific purposes, which, when taken in connexion, supply a most remarkable evidence of design. It is the great assimilator of the food, and without it there would be a weak peristaltic action. This fluid contributes to the lungs, kidneys, and skin, as an emulgent to the blood, though in a different aspect from the organs of excretion. Mucous surfaces, like the cuticle, are designed to protect its organs against irritating causes. Serous membranes to facilitate organic and voluntary motion. The secretions of milk, fat and animal heat are remarkable examples of the final cause which it is intended to fulfil. Take in connexion the gastric juice, bile, and serum, all secreted from the blood in disease and health. Its composition, so uniform in both, are we not amazed at the great difference in the various secretions? Where will we find relief for our astonishment but in those powers which are unique in their operations? Are we not amazed when we look about and see so many endeavoring to put down the system of Homœopathy, which alone teaches us rightly to interpret the laws of nature in disease and health? There is nothing so important to the Homœopathic practitioner as the proper understanding of the laws which govern life, and the functions by which nutrition and secretion are performed. Any derangement of these functions constitutes disease, and their proper regulation are passages by which all diseases are expelled from the system.

What we mean by excretion is that which is thrown from the system. This function belongs to the vegetable as well as the animal kingdom. Excretion is entirely different from secretion in its results, as they exert their influence in the animal economy. The termini of the arterial system are the agents of excretion. As in secretion a mixed organization is essential to excretion. There appears to be the same anatomical variety allotted to secretions and excretions, and though this is the case, the final objects of secretions and excretions are very different. In excretions, the organic matter is secreted, and inorganic thrown off or excreted. Urine and sweat are the principal excretions.

These the kidneys and skin throw off after nutrition and secretion are performed by them. The skin has then performed its most important function. Hence it excretes the waste part of the organism, although in diseases this devolves on the kidneys. Carbon is another product of excretion. This is also common to both the animal and vegetable kingdoms. In animals it is thrown off by the lungs, in plants by the leaves. Urine is the great excretion from the blood, and like the other excretions, it contributes to assimilation by its depurating effects. Everything that is injurious to the system taken into the stomach is most rapidly excreted by the kidneys. The sympathy between the skin and kidneys is remarkably strong; hence the interchange of functions in disease.

As we have in our feeble and simple manner endeavored to explain the difference between excretion and secretion, we will now proceed to give the different indications of the secretions and excretions, considered in relation to disease. As the functions of the skin are the first that most naturally attract the attention of the physician when called to the bedside, we will proceed first to examine the relations of sweat to disease and health. Although it may seem of the least importance of any of the effects of disease, unless the quantity of the sweat is very great in connexion with other violent symptoms, we are able to learn much from the odor and quality of the sweat generated in disease. For instance, we find profuse sweat a symptom of that most dangerous disease of this climate, congestive fever. It is characterized by sweat alone, the pulse being good, and the patient looking and appearing well, with the exception of this one symptom; the sweat is excreted from the system in such abundance as to dampen everything that comes in contact with the body. The subject at the same

time may be up and about his business, denying his being the least unwell, with the exception of profuse perspiration. As the above symptoms progress, the beats of the heart are weakened, and if relief is not immediate, twelve or sixteen hours terminate the span of earthly joy and happiness. The disease, therefore, may be strictly termed sweating, as the spark of life is comparatively sweated out. And by the physician who is not accustomed to witness such symptoms, they would doubtless be treated lightly.

The remedies in this disease are strictly homœopathic, as the more stimulants you administer internally and externally in the form of hot bricks, and bottles of hot water, the faster your patient will be sent to eternity. So where shall we hope for aid, but in diverting the secretion from the skin to the kidneys, by the use of the warm bath, which is most salutary in its effects. This should be assisted by the homœopathic remedies, Kali hyd., Kali nitrit., Ars., Nitric acid, and Sulphuric acid. In every case where small doses of Ars., China, Camph., and Veratrum were used, death was the result, whilst under the use of the former remedies, assisted by the hot and cold baths, the result was favorable and satisfactory. We find in this one disease the importance of understanding the relation existing between the function of secretion and excretion. Sweating as a symptom of disease is in most cases a good omen, yet as we have seen, it may be one of the worst symptoms. The different kinds of sweat are almost too numerous to mention, in an article of this length. We will only mention, for the benefit of those who have not devoted much time to the study of disease, four different kinds of sweat, and their relation to disease:—First, we have the healthy or sympathetic sweat, which is produced from excessive heat, or want of fresh air; 2d. Cold sweat, or that which denotes that life is about terminating, or produced by excessive pain; 3d. Offensive sweat, that which denotes danger in putrid diseases, showing the force of the disease; 4th. Sudden copious perspiration. This indicates a sudden cessation of the action of the heart, or it arises from hemorrhage or temporary syncope. The remedies indicated are strictly according to the law *Similia*, etc.; smelling of Camphor, Salts of Ammonia, and the external use of cold water if necessary; give Ars. Verat. (trit.), China, according to their respective indication in disease.

The next excretion of importance to notice, is that of the urine; as in disease and health, there is none so liable to undergo a

change. We may term the kidneys the great sentinels of the system, as they are designed for immediate action when aid is desired to free the animal economy from irritating substances. They are the great filters of the system, as the vital fluid is alone kept pure by their watchful vigilance, assisting at the same time the skin, whose analogous office is so liable to interruption. They have a stability of function unknown to other parts, hence, they are so little liable to disease. We have termed the kidneys the great filters of the system, and why? Because there is so little dependence to be placed on the sensible changes of the urine, as indicative of disease. All that is necessary is an inspection of the urine to see whether it be abundant and free. Some have attached great importance to its examination in Typhoid Fever. We are told that in the first stage it is whitish and turbid, but does not deposit; after the first stage, that it is limpid and natural, with a cloud floating on the top; that as it descends the disease is giving away, and if it settles on the bottom of the vessel in the form of a grayish, sandy deposit, we may safely assure the patient of a return of health. If it is red and clear in Typhoid Fever, we should not allow anything to be eaten; but if there is a deposit of sediment, nourishing food should be given. In diseases of the bladder, the urine should be evaporated and tests used. The presence of stone is indicated in the urine. In treating calculous disease, injections of a strong solution of Carbonate of Lithia, or Soda are the best local remedies, assisted by the homœopathic remedies, *Cannabis indicus*, *Nux vomica*, and *Sarsaparilla*. In treating those chronic diseases produced by Mercury, Lead, and Copper, we are correctly told to give the antidotes, but we are not informed as to the quantity we should administer. If we use infinitesimals, the cure will be protracted to five and six months, whilst if we resort to rational doses, we can perform the cure in one. Then are we not correct and consistent Homœopaths if we are able to cure the disease in one month by larger doses of the proper antidotes, which are the preparations of Kali and Iodine alone? These are the only articles which can be relied on to rid the system of mineral poisons. In giving large doses as antidotes to poisons, we follow the precepts of the sage of Coethenas. We are able to show from his *Materia Medica*, where he recommends sixty drops of *Ipecac.* in case of poisoning from *Opium*. Now how are we to account for the cure of those diseases produced by minerals,

but by looking upon the kidneys as the great purifiers of the blood, and by exciting the kidneys we are enabled to expel the poison from the system. Paralysis from the poison of lead is most easily cured by the use of Kali, which drives it from the system, and following this thought, we may be able to cure all diseases that have their origin in mineral poisons. And by giving the antidotes to the vegetable poisons with a view of acting on the skin and kidneys, we are able to do our work in a short time. The law *Similia*, etc., is the polar star in the treatment of disease, but I fear that it will grow dark and dim if *Jenichen's* nonsense is suffered to enter the ranks of those who have thus far devoted their lives to the brightening of the star of *Hahnemann*.

When upon his death-bed, he looked out upon the medical world, beholding the star *Contraria*, that had long shone in all its bright lustre, growing dim by the side of *Similia*, that had already sent its healing ray to the remotest bounds of earth. He then said to his companions, "As I now on it rely, so must you when the shafts of death the thickest fly, so must you the closer rely on its brightening ray, as it is the only lamp bequeathed to the world whereby man is able to find the remedy for his ills." His advice to his disciples, on many occasions, was "Remember the law that governs you in the treatment of disease, and apply it without regard to what medicine or dose; use your judgment, ever keeping in view the golden rule in medicine, the use of a simple substance."

The next excretion worthy of notice, is that which is made up of the food and secretions which are thrown into the bowels from the glands and mucous tissues. Though we are unable to find bile, mucus, or any one of the secreted juices in the alvine discharges in the healthy state, still, combined as these discharges are, by them we can make the best comparisons in judging the state of the system. In disease, we find the quantity and quality of secretion and residue of the food changed, in a greater or less extent, according to the diseased parts concerned in digestion. The great number of organs involved in disease, which contribute to the evacuations from the bowels, and the number of changes the food undergoes in the stomach, make it much more difficult to form a correct diagnosis. The first thing to notice in examining alvine discharge, is to see whether the food is well digested, showing whether the stomach is the seat of disease, or is sympathizing with other affected organs or derangements depending on local irritants.

The matter discharged in acute diseases consists of the secreted fluids, which are produced without the system having the power of appropriating them. After this accumulation has gone on for a time, nature is compelled to excrete it from the system. Large colorless watery evacuations from the bowels, denote congestion of the glandular and mucous tissues. If there be much mucus in the evacuations, it denotes congestion of the mucous membrane, attended with inflammation; at the same time slight congestion of the liver, in which case bile may be thrown out in large quantities. If there is an abundance of bile, there is always a diminished quantity of mucus, and *vice versa*. The color of fæcal discharges should always be taken as an important symptom of disease. If the evacuation is dark, it shows a superabundance of bile; if light, a want of this important secretion, which denotes a congestion of the liver, and an inflammation of the mucous tissue, which can be most easily overcome by drop doses of Aconite, and the one-twentieth of a grain of Mercurius, well triturated. A bluish bilious discharge denotes most dangerous congestion of the liver, the remedies for which are the same as in the former case, assisted by *Jatropha* and Croton oil. Mucous discharges denote inflammation of the bowels; bloody, a more intense form of inflammation, if attended with griping and tenesmus. This is termed dysentery, and is most readily cured by Magnesia, Sulphur, Mercurius cor., and Colocynth. The former, in all diseases of the bowels attended with congestion, may be said to be a specific as in most cases of dysentery and diarrhœa. The last discharge we shall notice, is that which looks like chopped grass and tar, smelling very offensive. These symptoms denote great danger to life, and should be combatted by Ars., China, Cuprum, Bryonia, Mercurius, Magnesia, &c. I hope what little may be learned from this hasty article may make us all attach greater importance to the character of the secretions and excretions, and their relations to disease and health.

CLINICAL RECORD.

SCARLATINA ANGINOSA.

BY C. E. TOOTHAKER, M.D.

M. C., a child of about ten years of age, of healthy habits, not subject to any particular dyscrasia.

I was called on to prescribe for this child, August 29th, for vomiting, with pain at epigastrium, fever, distension of abdomen, and other gastric symptoms, supposed by the family to have arisen from eating a piece of stale fruit pie. Prescribed Ipecac. and Ars.

Sept. 2d.—I was called in haste to this child, its parents being alarmed at certain acute symptoms occurring that afternoon: such as excessive pains in the head, throat, and ears; swelling of the tonsils, salivary and other glands; difficult breathing; with a red or scarlet eruption over the whole body. It was not difficult to diagnose a case of Scarlatina Anginosa, and from the general appearance of the child, I was led to anticipate a severe case. In accordance with the best experience I could obtain, I prescribed, Bell. 6th, a powder, every four hours, and Bell. 6th, in water, a spoonful each hour.

Sept. 3d.—Patient no better; efflorescence fuller and more perfect; pulse 100; restless; skin very dry and hot; sleepless nights; beats her head against the wall. R.—Acon. 6th, every four hours; Bell. 1st, four drops in eight oz. of water; a spoonful each half-hour.

Sept. 4th.—Throat continues to swell; pain increases; parotid, submaxillary and all the lymphatic glands of the neck involved; a roll, like a sausage, extends from each ear and over the larynx: nose swollen and stopped up; mucous lining of the mouth, nose, &c., scarlet red, and much inflamed; mouth and nose discharge a watery matter. R.—Bell., as before, 1st dilution, in water; Mercurius 6th; a powder every four hours.

Sept. 5th.—Symptoms much as yesterday; Merc. 3d, in water, a spoonful every hour; do. 3d, a dry powder every four hours; Bell. as yesterday.

Sept. 6th.—Swelling not increased; respiration improved; pulse softer and more uniform, but had a very restless night;

Sopor; wakes in fright; screams; beats her head against the wall; strips off all her clothing; gets out of bed; can keep her nowhere long at a time; groans; wants to be carried about; peevish mood; interior of mouth and nose become more dry and parched; scabby appearance of the nose and lips; white incrustations like aphthæ on the anterior edge of the tongue; a greenish watery discharge from the nose and ears; breath very offensive. R.—Merc. 3d, continued every half-hour; Bell. omitted; Give Coffee 6th, four powders, one every two hours.

Sept. 7th.—No better. Although on the 4th and 5th the parents thought her better, yet I think there has been a constant increase of unfavorable symptoms from the commencement to the present time; last night most restless of all; ungovernable; sopor; delirium, screams, cries, &c.; pulse has still continued uniform, full, and at about 100; extremities warm; efflorescence very deep, approaching to crimson; throat and mouth much swollen and very sore; discharge of fleshy matter from the nose and ears, several large pieces; strength continues good. I have now given Bell. and Mercurius six days without controlling the disease. What is to be done? The increased fetor of the breath, and the greenish watery discharge may indicate a tendency to gangrene, but the pulse, the strength, the uniform circulation in the extremities do not seem to demand Arsenicum. If Ars. is better indicated than Merc., I certainly cannot tell why; but Merc. does not cure. I therefore determine to give Ars. To prepare the way for this remedy also for the cerebral symptoms, I prescribed Sulph. in water, a spoonful every two hours; Sulph. 30, a dry powder, every four hours, for twelve hours. To be followed by Ars. 3d, half a grain, in eight oz. of water, a teaspoonful each half hour. Also, Ars. 3d, a dry powder, one-eighth of a grain every two hours. I acknowledge to having made this prescription as a *dernier resort*, and for want of a better.

Sept. 8th.—My patient had the most comfortable night she has had for many days; rested very comfortably after twelve o'clock; cerebral symptoms much better; irritation less; pains considerably modified; discharge from the nose and mouth still very offensive, watery green or yellow; thirst constant and excessive; frequent and severe pains in the throat, tonsils, ears, nose, and head; skin still retains its characteristic hue, although there had been a temporary disappearance of the eruption on the 6th; pieces of the mucous coat of the nostrils discharged.

Sept. 9th.—Appears to be still improving, though I hardly dare to hope; last night still more comfortable than night before; to-day sleeps considerable, but natural, and wakes up sensible; strength remarkably good. R.—Ars., as yesterday. Picks her hair, pulls it out, &c. Nux 30, four powders, one every four hours.

Sept. 10th.—Much better; all symptoms improved; breath less offensive; odor of the room far less offensive; swelling appears to be subsiding; efflorescence nearly gone; hawks from the mouth, occasionally, a black thick viscous matter which adheres to the roof of mouth; discharge from the nose more thick and purulent; complains much of the soreness and nasty feeling, as she calls it, of the nose, mouth, and throat; deafness, but speaks much better, and with little effort; heat and thirst nearly gone; found her this day, to my astonishment, sitting up amusing herself with a slate; she had not been asleep all day till three o'clock, when she laid aside her slate, and slept very quietly. R.—Same as yesterday.

Sept. 11th.—Did not rest so well last night; better to-day than yesterday; discharges much corrupt dark-brown viscous matter from the mouth and throat; nose still full, and constantly discharging; amusing herself with various plays, and trying to eat, which results in chewing a piece of soft bread, or a little rice, and spitting it out; when not otherwise employed is constantly picking at her head, pulling out her hair, and holding it before her, as in certain typhoid fevers; also fretful, peevish. R.—Aurum. Mur. 3d, two powders; Ars. 6th, eight powders.

Sept. 12.—Rested very well last night; as well to-day as yesterday; eyes look very red; complains of pain in the forehead, and soreness and pain in the throat; very thirsty; mouth and nose dry and parched; nose full and very sore; has been very deaf for some days. R.—Hyos. 6, six powders; Sulph. 6, six powders.

Sept. 13th.—Rested quite natural all last night; sleeps quite well to-day; two long naps in the day-time; breathing improved; breathes through the nose quite freely; calls for food, but eats little. R.—Ars. 6, eight powders, and some in water every hour.

Sept. 14th.—Still improving. R.—Ars., as yesterday.

Sept. 15th.—Last night rested quite badly; much fever and thirst; lamenting and complaining with cries; this morning right tonsil and glands below the ear swollen very large and hard; to-

day appears more composed; sleeps natural; appears much better than last night; mind more like herself, though at times asks questions, and, when answered, says she did not say anything; when she is moaning and lamenting, refers all her sufferings to her throat.—R.—Hepar 6, eight powders, and in water every half hour; Bell. 2, in water, every six hours.

Sept. 16th.—Another restless night; glands of the neck on the right side dreadfully swollen and inflamed; discharge of a considerable quantity of watery matter from the right ear, also from the right eye, nose, and mouth; discharge of a quantity of corrupt matter like pus from the mouth, probably coming from the throat, which has threatened suppuration since yesterday. Other symptoms much as yesterday.—R. Hepar and Bell., as yesterday.

Sept. 17th and 18th.—No change in the medicine, nor anything specially to be observed in the symptoms, except that the swelling of the right parotid gland increases, becomes harder and more painful. The left ear has a watery discharge; the odor becomes more fetid and offensive, and the countenance becomes more haggard; pulse rapid and feverish; still walks the room with aid.—R. Hepar and Bell., as before.

Sept. 19th.—Mouth appears somewhat better, or less irritable, and discharges much less; nose remains clear, but the whole right side of the head and neck deeply involved in the disease; fetor still more offensive; pains have not diminished, nor has the swelling of the right side of the neck exhibited any external symptoms of softening down; very bad night; for two days has swallowed with great difficulty, if at all; fluids come through the nose when swallowing. Having now given Hepar four days without apparent benefit, I concluded to return for one day to Ars.—Ars. 2d, four powders, and Ars., in water, a spoonful every hour.

Sept. 20th.—Had a bad night last night, and appears to-day more prostrated, but swallows much easier; quite as fretful and restless; more haggard and cadaverous in expression; still walks the floor with aid; neck and head as yesterday; a yellow sanious fluid discharged from left ear.—Ars. continued.

Sept. 21st.—No better, evidently sinking. I have no hopes now of her recovery, but will leave nothing undone that gives any promise of doing good. The whole system appears as if eaten up with the poison of a disease as filthy as one can imagine the

plague of Egypt. By the advice of several physicians, I now gave Merc., Iod., and Chlorine, or Chloric acid, but without effect, for on the 23d she died.

My object in presenting this case for publication, is to elicit suggestions in regard to the treatment of similar cases. I have not been able to ascertain that this child was subject to any scrofula, or other chronic dyscrasia, which would be likely to complicate the case, and render it more difficult of cure. The disease was certainly sufficiently protracted to give ample opportunities for remedies to act. It appears to me that we ought to be able to meet cases of this kind, and to feel confident of success. In what has the above treatment been faulty? Were Merc. and Bell. not the proper remedies at the commencement? Was Ars. not well chosen when it was given? Are there other remedies better adapted than either of these, to the symptoms for which they were prescribed? Ought they, one or either of them, to have been given higher or lower in potency, or more or less frequently, or more or less perseveringly? Should I, or should I not have gone from Ars. to Hepar, when the throat symptoms appeared again to be aggravated? In what has my treatment been unwise, or in what might it have been wiser? These are questions which I would ask of the experienced members of the profession, and shall be highly pleased if any of them can furnish a satisfactory answer. By cases which we lose, certainly as much should be learned as by cases which we cure, and although every case should be considered "*sui generis*," yet every case should, also be considered "*quoad relationem*," so that from each individual case, we may be better able to treat others having similar symptoms.

I have entered the profession of medicine anxious to learn, as I would also be willing to impart knowledge, and may no less frequently present the results of my unsuccessful than of my successful practice; that is, if the results of my failures shall incite inquiries and tend to a more perfect development of the healing art; and trust the pages of your Journal will be consecrate to free inquiry and discussion, and never desecrated by personalities and invectives.

PHILADELPHIA

JOURNAL OF HOMŒOPATHY.

VOL. II. — JULY, 1853. — No. IV.

ORIGINAL COMMUNICATIONS.

THE NATURE OF FEVERS.

BY J. H. P. FROST, M.D.

A RATIONAL theory of the essential nature of Fever has ever been regarded as a great *desideratum* in the Allopathic practice of medicine. And the Homœopathic physician, though following a therapeutic guide as faithful and self-adapting as the magnet to the mariner, cannot but regard a clear and satisfactory explanation of the nature and philosophy of Fever, as a most welcome light shed on the darkest portion of his course. Such an explanation, if it can be arrived at, must be in the highest degree valuable to every physician, as affording some glimpse, though but faint and partial, into the deep mystery of Disease itself (for Fever and Disease are one and inseparable), as well as particularly grateful to the Homœopath, if, as it must, not only accord with, but strengthen and confirm the law of the similars.

The present attempt to elucidate a subject so difficult, and upon which has been expended the ingenuity of so many learned physicians of ancient and modern times, will appear, perhaps, less presumptuous, if we first succeed in showing why all previous efforts to resolve this mystery have failed, and why every similar attempt must be followed by results equally futile. And to effect this, little more seems required than to present in the most concise form the principal doctrines of fever, which from time to time have been proposed and changed in accordance with the most popular hypo-

thesis in Therapeutics, or the latest discoveries in Physiology and Pathology, or more gradually modified to suit the prevailing fashion of the day.

The most of the ancients, following Hippocrates, believed fever consisted in *increased heat*, and with this they connected certain not very clear notions of the agency of *bile*. Diocles taught that fever was a symptom of severe *local irritation*. Erasistratus believed that the blood stagnated and concentrated in the larger and smaller vessels and at the termination of the arteries, was the cause of Fever and of every variety of inflammation. Galen taught that inflammatory fevers were caused by plethora, and putrid fevers by corruption of humors. When, in the 17th century, Harvey discovered the circulation of the blood, much light was thrown on the subject of Fever, but no new theory was the immediate result. For among the humoral pathologists, Stahl, of Germany, modified Galen's doctrine of plethora and putridity of the fluids; Hoffman, a solidist, taught a purely mechanical doctrine, that all disease consisted of vitiation of the microscopic motions of the solids and disturbed mechanism of the fluids, or, in other words, in spasm and atony of the nerves and capillaries, while Boerhaave proposed a complex humoral, solidist, and mechanical system, which seems an amalgamation of all the theories of ancient and modern times; Brown attempted to cut the Gordian knot, which all had failed to loosen, and making in a new classification, some little progress towards an idea of their true nature, divided all fevers into two kinds, *Sthenic*, caused by accumulated excitability and to be treated by depletion; and *Asthenic*, caused by exhausted excitability, and to be treated by stimulants.

This theory, having the advantage of being bold, distinct, and comprehensive, obtained many adherents, especially in the north of Italy, till it was unfortunately discovered that many sthenic fevers absolutely refused to be cured by depletion, while some asthenic fevers, by the use of stimulants, were rendered invariably fatal. No sooner do the French pathologists discover, in certain fevers, the ulceration of the intestinal glands (of Peyer and Brunner), than Broussais affirms that all fevers are *local diseases*, and are the consequences of *gastro-enteritis*, while Boisseau, finding there are fevers with no perceptible lesion of the mucous lining membrane of the alimentary canal, contents himself with asserting that

Fever is always the consequence of some *local irritation* and is always a local disease. In this country, Dr. Eberle, humoralizing Brown's doctrine, states that "Fever consists in an irritated action of the sanguiferous system, and this irritated condition may be connected either with *increased* or *decreased* energy of the vital powers."

These various and contradictory theories of Fever, and many others, by turns proposed, adopted, and discarded, by the most learned physicians, appear to have been all taken from a similar point of view; their authors have not only sought from the consequences of Fever, a true idea of its nature, but have mistaken the results of the disease for the disease itself. While it must be evident that we never can discover the essential nature of Fever from its results, any more than from the dissection of the dead body, we can discover what was the principle of life, let us then seek, from the causes of Fever, the idea of its true nature, and this idea, if correct, these results will illustrate and confirm.

THE CAUSES OF FEVER.

As will already have been perceived, we use the term fever in its general sense; so also in speaking of its causes, which, by instancing a few of the most remarkable, we wish to show as *influences depressing to the vital strength*.

Cold is the simplest and purest as it is the most common cause of fever. This influence, brought to bear on any portion of the system, tends to suppress the perspiration from that part, and causing contraction of the capillaries to obstruct the circulation. Expose the whole surface of the body alike to this influence, and we have a more or less complete suppression of the perspiratory excretion and obstruction of the circulation, and a benumbing influence on the whole system; all these depress the vital strength, and if the cold continue to increase, the vital principle is overwhelmed in stagnation, sleep, and death. But if the action of cold be arrested before death ensues, there results local inflammation or general fever, according to the equal or unequal manner in which the system has received and borne the depressing influence. *Malaria*, or what by some is termed marsh miasm, is a frequent cause of fever. Now, it is observed that in the same locations these fevers are sometimes mild and easily cured, and again, in another

season, are severe and fatal. Hence we conclude, that the miasm, however variously modified by the system which it invades, at different times differs greatly in its poisonous, that is, in its depressing qualities. *Famine* slowly and surely destroys the vital strength, while the use of unusual and unwholesome articles for food rapidly vitiates the system. And it is well known that the fevers which are apt to prevail so extensively during, or soon after a season of famine, are low, malignant, and fatal. The influences which unitedly produce *ship-fever*, will of themselves afford ample illustration of our proposition. Take the case which too often occurs, of a crowded emigrant ship on a stormy and protracted passage. Here the whole system, in many cases already reduced by want, is vitiated, and the vital strength depressed by the imperfect oxygenation of the blood in the crowded cabin, and by the poisonous qualities of the air, itself laden with carbonic acid gas, and impregnated with foul effluvia from human perspiration; by the fatigue and want of sleep inseparable from a rough voyage; by the cold and wet to which the poor emigrants in an enfeebled condition are often suddenly exposed; by the fear of death, and even by grief, for the loss of friends. Can it be possible to subject men to a combination of influences more depressing and destructive? and can we find anywhere a more malignant and fatal fever than is the usual result of these influences? The illustration might be still farther extended, but it is unnecessary, since it must be admitted that the causes of fever (not excepting those which act primarily as stimulants), are influences depressing to the vital strength.

FEVER A REACTION.

From the consideration of the nature of the cause of fever, we are led to inquire what is this hydra-headed monster, which, though essentially one and the same thing, assumes several modifications from the variety of the influences from which it proceeds, or of the systems which it particularly attacks; which is more or less general in extent, more or less violent and profound in character, more or less acute and inflammatory or chronic and prostrating; which may be mild and transient, or subtle, insidious, or destructive; which may result in perfect restoration of the bodily health, or in

the elimination of the spirit of life from a putrid and malignant corpse. *Fever is essentially the reaction of the system against morbid influences*, the struggle which the vital principle makes against those influences which depress and may destroy it. These influences may be moral, intellectual, or physical; they may be aerial, liquid, or solid; we call them morbid, because they are poisonous to the vital economy; because they depress and vitiate, and may finally destroy the vital strength, the life itself.

True, we can trace their course but a little way, in some few cases, and in many not at all; we can see, indeed, that if impure air only is inspired, the blood must become corrupt and fever be engendered. We know that both the deprivation of food and the administration of poisonous drugs, will result in fever; but how, we cannot explain, without the agency of a *vital principle*, which is ultimately attacked, and which contends against such destructive influences, any more than without reference to a Creator, we can explain how air, light, heat, and the other physical requisites of vegetable life, result in the formation of a blade of grass. Nor can we even then explain how this reaction first arises. We know that such a reaction must exist, and must be a vital process, such as is fever; and we conclude that fever is this reaction. But while acknowledging our inability to trace the course of these depressing influences till they reach and attack the vital principle, or to demonstrate the principle of life reacting against them, we still think the fact, that fever is essentially a reaction, one of the greatest importance, and the knowledge of which is indispensable to all intelligent treatment of this vast and varied class of disease. And lest it should be objected to our doctrine of reaction as the essential of fever, that it is either fanciful or new, it is to be observed that this very doctrine was indicated by the earliest medical writers, though never clearly conceived or plainly expressed. For they "imagine fever to be a natural and salutary process, indispensably necessary to throw off whatever was noxious, whether generated within the body or introduced by external cause."*

This reaction is varied in accordance both with the nature of the influences which arouse it, and with the peculiar constitution of the system which is its seat. In that most common form of fever which results from *cold*, an influence which, without vitiating the economy, simply depresses the vital strength, the reaction is simple

* Cyclopædia of Practical Medicine.

and pure, as expressed by the term inflammation. It may, indeed, be more or less violent, and prove dangerous from being mostly developed in some particular structure or noble organ, which was originally weaker or more directly exposed; or it may subsequently assume a lower form, by reason of the profoundly debilitating influence of the original cause, or from a previously depraved condition of the system itself. Cold is the purest external depressing influence; and the reaction from that depression is consequently of the simplest character, and proportioned in its intensity both to the severity of the depression, and to the strength of the system. In like manner, the miasms differing, in different seasons, very much in their intensity, develope (ordinarily in those systems only which are in some degree predisposed), fevers, which not only vary in the force of their inflammatory character, but which, from the poisonous and vitiating influence of the more deadly miasms, sometimes assume from the first a low and malignant type. And again the cases are frequent in which the reaction, originally of a purely inflammatory character, degenerates into that form of prostration, in which the powers of life struggle slowly and darkly for the mastery. In such cases, it requires the nicest discrimination of the experienced physician to determine how far this prostration of the reaction is due to the original cause, and how far to a previously depraved habit of body. But in fevers consequent on famine, or after a voyage at sea, under circumstances similar to those instanced, no such nicety of judgment is requisite to see how the depressing and depraving influences have been so long at work, that, ere reaction sets in, the system must have been corrupted in all its parts. Accordingly, the reaction in such cases is always slow and imperfect, and of a low and obscure type, while the effluvia from the depraved economy is so malignant, as to poison others, and render the disease infectious. And in cases of ship fever, and, perhaps, in others of similar malignancy, the morbid influences are so depressing to the vital strength, that the reaction often begins only after the system is removed from their more immediate sphere.

As the reaction from morbid influences, of a slow and long-continued character, is correspondingly slow and protracted, so the reaction from those which are sudden and violent in their onset, is equally sudden, and may be equally violent, unless the

powers of life at once sink overwhelmed. Such is the manner in which a violent emotion of anger may cause an equally violent "bilious attack." In like manner, the sudden onset of the endemic malaria of yellow fever, provokes an equally violent reaction, or, where the system fails to establish such reaction in a short time, the patient sinks in coma, stupefaction, death. To show how the reaction is varied by the nature of the constitution, it is sufficient to refer to the fact, that those apparently the most vigorous and healthy, are the subjects of the most violent inflammatory fevers. In such constitutions, the strength of the vital principle enables it to bear up for a longer time under the depressing influence of morbid causes, and not till these shall have accumulated in exact proportion to its own strength, does it momentarily yield and set up the reaction. While in persons of weaker bodily habit, the reaction never long delayed, succeeding to a briefer accumulation of morbid influences, is less violent and powerful; or where these influences have been for a long time gradually depraving, as well as depressing the system, the reaction is correspondingly low and obscure in type, and tedious and protracted in duration.

THE REACTION GENERAL IN ITS DEVELOPMENT.

With the single exception of cold, it may be affirmed that all the causes of fever are of a general nature. This does not hinder a depressing influence from having a local action, and the local reaction in such cases becomes general, in the same manner as the local impression was first generally felt. Pleurisy, for instance, is the reaction against an influence originally local; but this impression, in order to be felt at the side, must be first transmitted to the brain, and from thence to the principle of life; and in return, from that same vital principle, the reaction must originate, and be transmitted from the brain, through the nervous system, before it can be either generally or locally established. Thus, Pleurisy becomes a general fever, with an excessive local manifestation; and in this, as in every other form of inflammation, we must see a *general reaction, with development more intense in some part than in others*. And such, in fact, is a proper formula for every fever, even the most general; for we never see a fever in which the reaction is equally developed in every part and structure of the

body. This reaction has been shown to be a vital process; this process the vital principle is obliged to develop in the bodily system, which it attempts to do in a manner the least injurious to the economy; therefore, in these tissues or organs where disorder will least readily disturb and endanger the safety of important organic action, and thus of life itself. And it seeks to establish this reaction in the most general manner throughout the system, in order that the burden of disease, being equally distributed, may be the more safely borne. Now, these two great requisites of safest sphere and greatest extent are found in the exterior surface of the skin, and in the interior and more extended surface of the mucous membranes. And on this disposition of fevers, to develop in the one or the other of these tissues, we may found a general division: first, *Eruptive Fevers*, which develop themselves, and establish a crisis on the *skin*, and which have a regular duration and well-defined course; and, second, *continued fevers*, which tend to develop themselves in the *mucous membrane* (though this tendency is often counteracted by the peculiar causes of the fever, or by accident of the constitution), and which (from the same reasons) have a more irregular and less definite course and duration.

Of Eruptive Fevers, since their character is simple and their nature now well understood, we have here no occasion to speak, farther than to illustrate by them our idea of the external development of the reaction as the primary object of Nature. Thus, in Variola, the appearance of the eruption affords prompt relief to the most dangerous symptoms. Here Nature seeks first to establish externally the form of the reaction; but if she fail in this, and the eruption be developed internally, the patient dies. So, in Scarlatina, if, after appearing on the skin, or if, without externally appearing, the eruption attack the interior surface, or any organ, death will usually ensue, unless the external eruption be reproduced. And it seems reasonable to believe that in the original, normal condition of the system, Nature was able to establish the form and crisis of all disease in the shape of an eruption on the skin. Hence the origin of Hahnemann's doctrine of Psora, which has been ridiculed by those who could not understand it, and respected by those who did.

Continued Fevers, which form our second division, and include those termed typhoid, typhus, nervous, bilious, ataxic, asthenic.

&c., show a general tendency to assume the *gastro-enteric* form, in several cases exhibit marked inflammation of the mucous membrane, and sometimes ulceration of the intestinal glands, and even of the intestine itself. Of the three great and generally-recognised classes of continued fever,—the cerebral, the pulmonary, and the gastro-enteric,—the latter only we regard as the primary and preferred form. In those fevers which from the first appear “nervous,” and result from impulses impressed, as it were, directly on the brain, we see a prompt relief from the cerebral symptoms as soon as the inflammation extends to the alimentary canal. The sympathy of the mucous membranes with the brain is as well-known as it is remarkable; and the system can endure and recover from a severe and protracted fever developed in the former, which, had it continued its sphere of action in the latter, would have proved rapidly fatal; while the pulmonary organ, less vital in character, and less compact, though larger in bulk, than the brain, distributing its inflammation in both lobes, and in the surrounding tissues and neighboring organs, less readily calls upon the mucous membranes for help;—indeed, does so only in the most extreme cases. But this very exception proves how essential it is for the most severe cases of fever to be finally developed in the mucous membranes; since Nature, by a last, desperate effort, throws on them a burden no other accessible structure is able to bear,—a burden which both the local cause of the fever and the constitutional weakness of the organ prevented her from originally distributing where it could have been more easily and safely borne. And regarding, as we do, the inflammation and even ulceration of the mucous lining membrane of the alimentary canal as the *preferred form* of the development of the reaction which constitutes continued fever, we may venture to suppose, if not positively affirm, that this *intestinal exanthem* may constitute a *crisis* as real, and, though ever so protracted, as complete, as in other fevers is obtained from an eruption on the skin. And while either the idiosyncrasy of the individual, or the peculiarity of the morbid cause, or both together, may tend to develop the reaction more prominently in the arterial or nervous system, or in some noble organ or other tissues, we conclude that the vital principle seeks to establish this reaction, expend its force, and develop its crisis, either on the

exterior or the interior surface, as affording at once the safest sphere and the most general extent.

That fever is a general disease is now generally admitted; and, seeing how general are most of its causes, it seems difficult to imagine how any other conclusion could have been arrived at, except by wilfully regarding the local development and results of the disease as the disease itself. We have seen that the most common and powerful causes of fever are influences which are immaterial, and thus capable of making an impression on the most interior portion of the system, on the very principle of life itself,—an impression which is absolutely depressing; that the struggle which the vital principle makes against this depression, what is usually termed “fever,” is simply and essentially a *reaction*; and, finally, that this reaction, originating in the vital principle, and first developing itself in that most interior portion of the system which constitutes the medium and connexion of mind and matter, tends instinctively to ultimate itself on either the external surface of the skin, or on the internal surface of the mucous membranes, or on both.

This doctrine of the nature of fever shows the identity of fever with disease. Hufeland says, “There is but one acute disease: it is fever.” We will venture a step farther, to say there is but one chronic disease, and that is fever; which, originating from *depressions* made on the spirit of life, conveyed over that *terra incognita* which lies between man’s immaterial soul, his vital principle, and his material brain, makes thence a development, progressive through the higher bodily spheres, and ultimate in the lowest.

It accords with and confirms both the Homœopathic law and Hahnemann’s explanation of the mode of cure. For not only do remedies cure fevers similar to those they cause, but they cause them, *by reaction*, in exactly the same manner as do the general causes of fever; since they excite in the sick a second, *drug reaction*, physiologically similar, but therapeutically antipathic, which moderates and antidotes the first.

It illustrates also the superiority of the Homœopathic treatment over all others. For her minister, impressed with a profound reverence for Nature, and conscious that she develops the reaction which constitutes fever in the best mode and sphere of which the system is capable, dares not rudely interfere with such vital pro-

cesses, nor attempt (as do the Allopaths) to divert them to another sphere, or, still worse, to reduce the vital strength; but, following, not driving, Nature, promoting, not forcing, the crisis, meeting the reaction at each successive step with remedies which moderate its violence without suddenly suppressing its development or changing its course, he conducts it to a conclusion so happy that, instead of leaving the vital strength impaired or exhausted, or the physical organization scarred by the corroding traces of structural disease, it is presently succeeded by the restoration of perfect health.

CHINA.

COMPILED FROM DR. KASPAR'S LECTURE, BY CARROLL DUNHAM, M.D.

CHINA has much in common with Arsenic and Carbo vegetabilis. It develops its effects on the vitality of the blood; debility ensues, like that induced by venesection, in which the quantity and quality of the blood are altered, and, in consequence, various functional disturbances manifest themselves. The entire vegetation suffers, the tone of the organism becomes enfeebled, the blood becomes thin and watery, and the circulation lacks energy; hence ensue stases, hemorrhage, watery diarrhoea, abundant sweat and urine.

Circulation.—The energy of the circulation is diminished; the pulse becomes small and weak in consequence of the anæmia; hence erethism and debility. (Carbo induces debility, with torpor; Arsenic, debility, with excitation, presenting, therefore, a closer analogy to China.) The veins become varicose; the arteries, however, retain their tone.

Nervous System.—Erethistically affected. Greatly increased sensibility to all external influences. (China induces greater sensitiveness of the scalp to external touch than any other remedy does.) The affection of the nervous system exercises a reflex action on the blood; hence, also, excitation alternating with depression. (Belladonna induces a continuous, enduring excitation.)

Vegetation.—The whole vegetation appears depressed, the vital turgor diminished. The skin is pale and earthy, the vessels being visible through it. The digestive function is modified. For the *liver*, China has a special affinity, as well as for the *spleen*, in enlargement of which a small dose of China effects a speedy diminution of volume. China induces hyperæmia of both of these organs: the diminution is therefore a secondary effect. (Piorry's experiments.)

To the *Stomach*, China bears important relations (especially to the solar plexus), enfeebling its activity, inducing loss of appetite, without vitiating the taste. Nausea, and disinclination for certain articles of ordinary diet, result from the altered digestive activity and the altered secretions; in particular, waterbrash, in consequence of the watery secretions. The rest of the digestive canal is but little affected; watery stools however occur, in consequence of intestinal paralysis; hence, also, *Lienteria*.

To the *Lungs* and *Genital Organs*, China has no special relations. The secretions of the mucous membranes are watery and thin (Edema pulmonum). It is not specifically indicated in anasarca, and it induces vesicles (Miliaria) only by inducing a general debility. To the uterus, no especial affinity. The menstrual flow is increased in quantity and in fluidity, with general weakness and anæmia.

Characteristic Symptoms. 1. *Pains.* Sticking, tearing, drawing, in particular lassitude, with a peculiar restlessness, impelling to constant motion. Pain, as if after a journey on foot.

2. *Aggravation.* By touch, motion, and by every kind of physical or mental effort.

3. Very great sensitiveness to external influences, especially of the skin and the head, to the external touch.

4. Yellow, earthy hue of the skin.

5. Fever, chill predominating; heat and cold but partially distributed. Thirst during the cold, and between it and the heat.

6. Pulse generally quick, small and soft.

7. Thirst during the cold stage.

8. Gastric affection; waterbrash.

9. Swelling and pain of liver and spleen.

10. Diarrhoea, watery and soft: slowly expelled.

11. Menses generally increased, but thin and watery.

12. Symptoms periodic in character.
13. Feeble condition after loss of vital juices, after hemorrhages, sweat, pollutions, onanism, &c.

SPECIAL INDICATIONS.

1. After all enfeebling maladies (intermittent and nervous fever, &c.)
2. After great loss of fluids.
3. After mental exertions, night watchings, &c.
 - I. In atrophía infantilis and senilis.
 - II. In hemorrhages, only when they depend on debility, on torpor of the vessels, and fluidity of the blood.
4. In chlorosis, China compares with Pulsatilla and Ferrum.
 - I. *Pulsatilla* is indicated when paleness predominates, where emaciation is not yet marked, and where the turgor vitalis is still present. Fluor Albus.
 - II. *China*, where there is a yellowish hue, gastric symptoms are conjoined, and the turgor vitalis is going or quite gone.
 - III. *Ferrum*, where there are vascular crethism, fugitive flashes of heat, diminished menstrual flow, but the blood of a bright red color.
5. Hydrops from atony and anæmia.
6. Sequelæ of liver disease. Ascites.
7. Sequelæ of cutaneous disease. Œdema, Cyanosis.
8. Typhus seldom, and only when accompanied by their bilious diarrhœa.
9. Sequelæ of cholera.
10. Intermittent fever. The experience of allopaths shows that in this disease we should not neglect China. Dr. Kaspar says he gives China in all cases of intermittent fever, in which *no other remedy* is clearly indicated, even though the indication be not very clear *for China*. The enlarged spleen diminishes in a short time and permanently.
11. Gastric and bilious, according to their form. Gastralgia.
12. Affections of liver and spleen. Enlargement of the liver.
13. *Lienteria*, a cardinal remedy. (Weakness of the intestinal canal—a too thin gastric secretion.)

14. Nocturnal pollutions too frequent. Amenorrhœa; abortion; delayed parturition; chlorotic palpitation of the heart. With reference to general sensibility, compare China with Coccus and Ignatia.

CORNUS CIRCINATA.

BY E. E. MARCY, M.D.

Cornus Circinata. Round-leaved dogwood.

Cornus. Sex. Syst. Tetrandria Monogynia.—Nat. Ord. Caprifoliaceæ.

Gen. Ch. Involucre usually four-leaved. *Petals* superior, four. *Drupe* with a two-celled nut.

There are ten indigenous species of cornus in the United States, but the only one which has been much employed in medicine is the *Cornus Florida*. The *Cornus circinata* is a shrub from six to ten feet high, with warty branches, large, roundish, pointed leaves, waved on their edges and downy beneath, and white flowers disposed in depressed cymes. The fruit is blue. It flowers in June and July. It is found on hillsides and the banks of rivers, and grows native from Virginia to Canada. Willd.

This medicine was brought into notice, some twenty years ago, by Drs. Ives and Tully, of New Haven, as a remedy for diarrhœa and dysentery. From its supposed tonic and astringent properties, it was extensively and successfully employed by these gentlemen in bowel complaints of a subacute character. The writer became acquainted with the remedy about fifteen years since, when practising Allopathy; and it was in consequence of the success we then met with from its use in diarrhœas, cholera infantum, bilious derangements, and jaundice, that we were induced to institute the following proving.

We have been aided in this labor by seven different provers, six of whom have experienced all of the symptoms which we have here enumerated. We have recorded a large number of symptoms which have been experienced by individual provers while under the influence of the drug; but as we are a strenuous advocate of including

in our materia medica those phenomena only which are truly characteristic of the medicine, we have excluded these symptoms from the present paper, as of doubtful utility. Any healthy person who will narrowly observe his natural sensations for a single day, and note them all, will be astonished at their number and variety. They will, indeed, be mostly trivial and transient, but sufficiently marked to insure them to a place among the real symptoms of the drug. We know of no means of avoiding this serious objection, but to reject all phenomena except those which have been experienced by several different provers, or in repeated instances by the same prover. We are fully aware of the importance of recording *every* symptom which arises during a proving; but we question the propriety of adopting every one of them as actual drug symptoms without ample corroboration by different provers.

In conducting these experiments, we have employed the 30th, 12th, and 3d attenuations, and the mother tincture.

We take this occasion to tender our special thanks to Drs. J. W. Cane, George Freeman, and O. Fulgraff, for the faithful and energetic manner in which they assisted us in developing the phenomena which are here presented. We trust that the personal knowledge they have acquired, and the consciousness of having contributed something useful to the common stock of medical knowledge, will amply repay them for the labor, pain, and privation they have undergone.

We mention, as an interesting fact connected with the pathogenesis of *Cornus*, that we have employed it as a remedy for the maladies enumerated under the clinical head, with excellent results, for nearly fifteen years. It is a satisfaction to know, that a scientific proving of the drug has demonstrated that the successful results, which for so many years followed its empirical use, were due to the fact, that it was unwittingly prescribed in accordance with *similia similibus curantur*.

Mind.—Mind confused; forgetful of familiar matters; depression of spirits; inability to fix the mind upon any subject; great drowsiness; reads without being able to appreciate the ideas of the subject; confusion of ideas on rising in the morning; complete disinclination to mental or corporeal exertion.

Head.—Dull pain over the right supra-orbital ridge; slight pain in the forehead and vertex; heaviness of the head, with nausea;

dull pain in the whole head, with drowsiness and general perspiration; aching and throbbing pain over the right eyebrow; heaviness of the head, with great disposition to sleep, succeeded in six hours with very severe cutting pains in the whole head, and extreme mental and physical prostration (this last symptom was so severe that a cup of strong coffee was resorted to, which afforded relief in two hours, and the prover slept profoundly afterwards, a circumstance quite unusual on all previous occasions when he had taken this beverage); pains of a heavy, dull, and confused character over the whole head for several days; drawing sensation from the back of the head to the nose; dull, throbbing pains in the temples and sides of the head: deep-seated pulsating pains in the occipital and parietal regions; deep-seated dull pain in the brain, under the vertex, and in the back of the head; dull pains over the eyeballs; unusual pulsations, extending from the front to the back part of the head; severe pulsative pains in the temporal regions; tensive, aching pains throughout the whole head.

Eyes.—Eyes sunken; yellowish tinge of the conjunctiva; dark circle under the eyes; eyes dull and heavy, as if after a debauch; hollowness of the eyes; a feeling of contraction around the eyes; eyeballs feel heavy; eyelids feel heavy, as if pressed down by a weight; great inclination to close the eyes in sleep.

Ears.—Slight ringing in the ears.

Nose.—Prickling sensation in the nasal canal, which after a few hours became quite troublesome; prickling feeling in the nasal bones; drawing sensation from the back of the head to the nose.

Face.—Burning sensation all over the face, feeling as if the cheeks were flushed, but without any change of color; sallowness of the countenance; discoloration under the eyes; yellow tinge of the face and eyes; expression dull and heavy; countenance sallow, sunken, and indicative of mental and physical prostration.

Mouth.—Pungent taste in the mouth; yellowish or white fur upon the tongue; bitter or insipid taste.

Stomach.—Burning in the stomach; sensation of emptiness in the stomach; pain at the pit of the stomach while eating, with distension of the stomach and bowels, which were relieved shortly afterwards by a dark and bilious evacuation from the bowels, accompanied with free discharge of offensive flatus; nausea, with general clammy perspiration; nausea, with feeling of debility and

languor ; strong pulsations in the stomach ; nausea, with confused and heavy pain in the head.

Abdomen.—Gripping pains in the vicinity of the umbilicus, accompanied by rumbling of wind ; distension of the bowels from wind, relieved by a loose fæcal discharge ; bearing down feeling in the abdomen and rectum ; creating an urgent desire to go to stool ; frequent disposition to go to stool during the day, but without being able to accomplish anything satisfactorily ; evacuations small, thin, dark, and attended with tenesmus and discharge of flatulence ; burning at the anus after stool ; constant working of the bowels, as if they were all in motion ; borborygmus ; large emission of very offensive flatus ; loose and offensive stool ; gripping and shooting pains from the centre of the chest (the thoracic muscles) down to the lower part of the abdomen, the pains coming on severely at intervals, and then remitting somewhat ; great urging to stool in the morning in bed ; burning pain in the rectum during the evacuation.

Fæces.—Dark, bilious, and very offensive stools, with much discharge of offensive flatus ; slight discharges of a mucous, bilious, or watery character, attended with tenesmus and gripping pains in the umbilical region ; loose stool immediately after eating, with much discharge of wind.

Urine.—Diminished in quantity, and high colored, or pale.

Chest.—Sensation of dragging, or bearing down on each side of the chest ; soreness of the chest on rising in the morning ; contraction and shooting pains from the centre of the chest (thoracic muscles) down to the lower part of the abdomen, the pains coming on severely at intervals, and then remitting ; perceptible pulsations in the chest ; frequent inclination to expand the chest by taking a long breath : accelerated pulsation of the heart ; palpitation of the heart.

Trunk.—Pain in the lower part of the back ; dragging and pressing down sensations on each side of the chest ; sore pain in the lumbar region, worse when bending over, or to either side ; soreness of the chest on rising in the morning ; intermittent pains in the chest, back, and abdomen ; weakness of the legs ; whole body feels debilitated.

Arms.—Sense of weakness and fatigue of the arms.

Legs.—Legs weak and tremulous, particularly apparent when ascending a hill or a stair; sensation of weariness in the legs.

Genital organs.—Frequent, and strong and persistent erections during the night; increase of the sexual propensity during the evening and night; increased sexual desire, but a lack of executive power.

Fever.—Chilliness, accompanied with nausea, dull pain in the head, and feelings of debility and languor; chilliness, followed by heat of short duration, and then by a copious, general perspiration; general clammy perspiration, with headache, nausea, pain in the back, lassitude, and confusion of ideas; accelerated action of the heart and arteries, accompanied by hot skin, burning of the face, great drowsiness, headache, inability to fix the mind, nausea, depression of spirits, pains in the back, chest, abdomen, and legs, lassitude, debility, sunken eyes, yellow tinge of the conjunctiva, sallow countenance, diarrhœa of dark bilious matter, or slimy and watery fluid, tenesmus, colic pains, throbbing pains in the temples, distressing dreams, tympanitic distension of the abdomen, constant desire to sleep.

Sleep.—Continual drowsiness; profound sleep, but disturbed by frightful dreams; very great disposition to sleep, with heavy feeling in the head; inability to apply the mind, and sensation of emptiness in the stomach; great drowsiness, with severe throbbing pains in the temples, heavy feeling around the eyes, and great mental and physical debility; sound sleep, with profuse general perspiration; drowsiness, with great depression of spirits, and deep-seated pains in the head.

Skin.—Yellow or earthy appearance of the skin; soreness of the surface of the body; prickling of the skin; itching sensations in different parts of the body; heat and burning in the face; heat of the whole surface, with itching, burning, or prickling sensations.

General Symptoms.—Bearing down pains in the rectum and bowels, with urgent desire to go to stool; urging to stool early in the morning in bed; diarrhœa of a dark and bilious, or watery and mucous character, with nausea, drowsiness, dulness of the head, and general perspiration; various kinds of headache, with drowsiness, lassitude, and debility; burning and itching sensation of the skin: burning of the cheeks, without redness, but feeling as if flushed; soreness of the eyeballs; contractions around the eyes;

prickling sensation in the nose; intermittent shooting pains in the chest and abdomen; soreness of the chest, as if bruised; dragging pains in the sides of the thorax, and in the lumbar region, increased by motion, like bending over, and turning in bed; acceleration of the circulation; very great disposition to sleep; loss of mental and physical energy; pulsative pains in the stomach, head, and bowels; difficulty in concentrating the mind upon any subject; depression of spirits; frightful dreams; general and profuse clammy perspiration; general perspiration, with nausea, drowsiness, and heavy pain in the head; slight chills, followed by heat, and then sweat; distension of the stomach and bowels from wind; symptoms generally worse on waking in the morning; pain in the pit of the stomach; sensation of emptiness in the stomach; severe throbbing headache, mostly in the temples, relieved by coffee; sleep more profound than usual, but disturbed by unpleasant dreams; urine scanty and high colored; burning sensation in the stomach; countenance yellow or pale, sallow, sunken, and indicative of suffering and debility; smarting and burning pains in the anus during and after stools; griping in the umbilical region, with much rumbling of wind.

Clinical Remarks.—Cornus has been successfully employed in dysenteries and diarrhœas, accompanied with inactivity of the liver; cholera infantum; bowel complaints of infants while teething; bilious diarrhœa; bilious colic; jaundice; biliary derangements generally; intermittent fevers, with chills and sweat predominating; the last stages of remittent and typhoid fevers, when diarrhœa sets in, with profuse sweats, and general physical and mental exhaustion; headaches, with drowsiness and confusion of ideas; semi-lateral headaches; pulsating headaches in the temples; drawing pains from the back of the head to the nose; deep-seated pains under the vertex; dull heavy pains over the whole head, with drowsiness, lassitude, and nausea; chronic hepatitis; vesicular eruptions; urticaria; miliaria; roseola; general debility arising from the heat of summer, with drowsiness, heavy and confused feelings in the head, and great disposition to perspire; nausea, with bitter eructations, and sense of emptiness in the stomach; dyspepsia, with distension of the stomach and bowels with wind, burning in the stomach, and strong pulsations throughout the intestinal canal; rheumatic or neuralgic pains in the chest, back, and limbs.

AN ESSAY ON TEMPERAMENTS.

BY ROLLIN E. GREGG, M.D.

THE onward march of scientific investigation indelibly impresses upon the mind the importance of more extended research in the vast laboratory of Nature, that truth, in its simplicity, may be brought forth to guard us from error, and aid in correctly understanding the different phenomena presented to our observation.

In no department of human knowledge do we find, at the present day, the necessity of this untiring research, more than in that pertaining to the study of the real nature of man. He has been observed in all ages, and in every clime, possessing peculiar characteristics, that are exceedingly variable in the different members of each species, as well as in the different species, and correct observers, aware that by classification great facility would be rendered to this important study, have attempted to arrange the effects of the combination of the elements of his nature, which gives rise to such variation, under the head of what is now known as Temperaments.

The importance of this subject has engaged the attention of the medical profession more or less from the days of Hippocrates down to the present time; although until quite recently, on account of the vast amount of observation needed to guide the mighty ship of science aright, it seems that but little thought was bestowed upon this department, excepting by some of the great leading minds of the profession.

The father of medicine, with his intuitive genius, perceived the necessity of some such classification of the human organism; accordingly he made a division, and gave to the world his ideas upon the subject, some of which must stand the test of all future ages. But it could not be expected, that he, in those early times, when there had been but little observation made to substantiate any conclusion, could any more than lay the foundation upon which posterity might rear the superstructure.

After his time, the light which he gave glimmered unobserved in the distance, excepting as a ray occasionally flitted across the mind of some fertile genius like his own, to be reflected with increased

brilliancy, that the subject might be thus kept in existence as time rolled on, until finally continued investigation of human physiology should establish the truth of the great father's impressions.

So much observation has now been made, that the need of a division of the physical character of man into a number of different parts, that should be represented by temperaments, is generally admitted, for its importance in aiding properly to understand life and its phenomena.—And many efforts have been made of late, by different authors, to settle every part of the subject satisfactorily to all, and leave it clear and expressive to the mind of the student; but the much-desired object, it is lamentable to say, has never been attained.

There are scarcely any two writers who have ever written upon this subject, that correspond fully in their views upon any classifications that have been made. Some have made a division into three temperaments, to correspond to the three great visceral cavities, cranial, thoracic, and abdominal, naming them successively, Nervous, Sanguine, and Lymphatic, while others have made an addition of a fourth one to these, and called it the Bilious temperament, and still others again, have taken part of the character that some have ascribed to the bilious, and called it the Muscular temperament.

The majority of the characteristic signs that distinguish the first, second, and third varieties of the foregoing division, each respectively seems to be more generally accepted by most writers upon the subject, and they all accord to them the same centre of action, and about the same character; but as their views are extended, and they attempt a farther division, or addition, discrepancies arise that appear impossible to settle. And the student, aware of the confusion among his teachers, turns with regret from the interesting study, to await the progress of farther investigation, that every part of the subject may be set in its true light.

Why all of this? Can it be possible that Nature has been observed, and interrogated correctly by all upon this point? Certainly not, or there would be no discord. It seems reasonable to suppose that this subject, as well as all others, is governed by fixed and immutable laws, which, if understood would allow of no contradiction. Our arguments and theories are worse than useless, if Nature does not sustain them. She must decide all questions that may be raised by man, in reference to her phenomena,

and it is for him who observes correctly, to bring the truth to view.

As there is much reason to believe, that the leading characters, of the Nervous, Sanguine, and Lymphatic temperaments, as above mentioned, are now correctly founded and well understood, it only remains necessary to speak of these in short, and give a few of the signs of each, before bringing up the characters that have been assigned to the other two divisions, by their advocates.

In commencing the study of this branch, there is first to be observed a fundamental rule, that appears to hold good, so far as the subject may be considered firmly established. It is this, that the three temperaments, Nervous, Sanguine, and Lymphatic are each made to depend upon a different part of the human structure, from either of the others. In short, each represents a separate and entire system of itself, and casts an influence over the whole economy according to its comparative strength. Thus, the nervous represents the cerebro-spinal system entire, and thence radiating its character to the surface, gives as its language for man to read, a form of body adapted to quick and accurate motions, a fine texture, that is very susceptible to impressions, a sharp angularity of features, fine hair, disposed to arrange itself in spiral ringlets, and lastly quickness of action, both of body and mind, with a deep expressive blue eye. These are the most prominent signs of this temperament, and will suffice for the present purpose, although a much more complete character might be delineated.

It will be borne in mind that the above condition is dependent upon a whole and complete system of itself,—the cerebro-spinal,—and that it represents all the peculiarities of that branch of the human organism, and can express no property belonging to any other texture.

In view of the above facts, the necessity arose to establish other temperaments; consequently, the Sanguine was chosen to represent another branch of the economy,—the lungs, heart, and blood-vessels,—the external signs of which must always indicate the same internal arrangement.

It offers for contemplation the broad chest, marking large thoracic cavity, moderate plumpness of person, sandy or red hair, quick, rolling, roguish-looking eye, ruddy complexion, and ani-

mated countenance, with lively, playful expression of features, and a great fondness for active life.

This also represents an entire system, which is expressed externally by the foregoing signs.

Upon a little reflection, it will be observed that the whole physical character of man is not yet portrayed to us; therefore, a third, or Lymphatic, temperament has been established, to represent the ganglionic and glandular systems combined as one, having the abdominal viscera as its centre.

This is manifested externally by a predominance of adipose tissue, giving roundness and fulness to the whole figure, soft, flabby muscle, greasy appearance, flaxen hair, dull, inexpressive eye, features devoid of animation, very sluggish mental and physical action; in fact, a general torpid nature, of which the following poetical sentiment is highly descriptive:

“’Twas my pleasure, prayer, and pride,
That man might know how fat I died.”

It is very evident that this condition is dependent upon an entirely different arrangement from either of the preceding, and must always manifest the same, wherever it may be found.

Now, in a recapitulation of the three above-described temperaments, it is found that each depends upon an independent system, and can represent no phenomena only what belongs to that system. To illustrate: the Nervous represents the cerebro-spinal system, with all its characteristics; the Sanguine, the sanguineous circulatory system, with the lungs as an appendage; and the Lymphatic temperament represents the ganglionic or sympathetic system, with the glands and lymphatics as appendages in carrying on the functions of digestion and nutrition.

It will be perceived at a glance that the whole human structure is not embraced in the foregoing description. There is a very important part of it passed over unnoticed, which is the osseous system, with its appendages. This, I am aware, is accounted for, by those who adopt the Bilious temperament, by choosing the large bone as one of its leading indications; and, by those who have established the Muscular temperament, by including it as one of the prominent characters. But in this there is much confusion and contradiction. For instance, we are taught by some that the

Bilious temperament represents all that is not included in the Nervous, Sanguine, and Lymphatic. They say that it embraces the large osseous development, the hard muscle, the dark, swarthy, coarse texture, the black, coarse hair, and black eye; the cold, distant disposition, yet all the ardor and emotional feelings of a Demosthenes; the enduring constitution, yet the weakly nature; great mental endurance, yet cold and listless in the advance of scientific improvement. And if one professing a knowledge of this, as it has been taught, were asked the temperament of a person who had large bone and hard muscle, with light hair, he would say it was the Bilious, because there was the leading indication of it,—the large osseous structure; and if required to pass a decision upon another, of small frame, and withered, dried-up appearance of features, with lightish hair and eyes, which are indications of a hardy constitution, he would say it was also the Bilious temperament; for such a person can endure a great amount of physical exertion. And, again, if his attention was called to the one with dark complexion, black hair and eyes, and any form or size of body, he would unhesitatingly decide that such a condition certainly indicated the Bilious temperament, because such a person had a fault-finding disposition, was cold and distant in his manner towards others, was hard to excite, and of a generally unhealthy appearance. Here we have exhibited to us three very different conditions of the human system, that are said to be represented by one temperament,—a confusion strongly contrasting with that harmony which is found in the first three temperaments spoken of, and the signs that are mentioned as characterizing them. Is it possible for us to advance in any department of science, if we embrace such contradictions when endeavoring to explain a subject? It is not allowing an isolated class of facts always to express the same thing, and is expressing entirely different and even contrary conditions by the same term.

The Bilious temperament is a diseased condition, or a condition very susceptible to diseased action, and has no connexion with large osseous structure, prominence of cheek-bones, hard muscle, or endurance of physical or mental action. Neither has it anything to do with ardor of feeling or mental emotions, any farther than diseased action steps in to modify these manifestations. As proof of this conclusion, I will offer common observation. For

instance, we will observe the child that possesses the Bilious temperament, and follow it through life, to ascertain if it ever reaches an advanced age, which, it is highly probable, would never be found to occur, if we had correct statistics upon this subject, that we could consult.

Again: it is a common remark, substantiated by observation, that people of southern or tropical climes possess the dark hair, swarthy appearance, and all that class of characteristic indications that are looked for in the Bilious temperament, much more common than it is found in the North; and, we are well aware, they are far more liable to disease, and have more malignant diseases among them;—also, that they do not live to the advanced age of the northern classes. Farthermore, those possessing some of the other temperaments more fully developed, in removing from the North to the South, are generally more or less changed to the dark, swarthy condition, by a long residence there, and are much reduced in their powers of endurance.

Here arises a circumstance worthy of consideration, which is, that the Bilious temperament is much more commonly met with in the Western as well as Southern States than it is in New York or the New England States; yet the great majority of the Western population is made up by those originally from these last-mentioned States, thus showing a great change by a few years' residence in that climate. It may be asked, What has given rise to such a change? I offer, as an explanation of this result, that the miasmatic climate of the West produces an alteration in almost every person going there from the East, inducing a diseased condition, most generally of the sanguineous system, thereby producing the dark, swarthy, or Bilious appearance. This appears the more reasonable, as the intermittents of that climate have such a marked action upon the circulatory system, causing an unbalanced condition between the arterial and venous circulation, which affects the whole constitution, and gives rise to the tawny hue and cold, distant nature.

After this digression, we will return to the subject, and take up for consideration the Muscular temperament, that has been established by some to represent the muscular system, having as its leading signs the large structure, fully-developed muscle, and great physical power. But this name seems objectionable, as the san-

guineous and lymphatic systems enter largely into the formation of the bulk of muscle. Besides, the Sanguine temperament has the moderately plump muscle, which is rather dense, while the Lymphatic has the full, soft, flabby muscle; all of which would be indiscriminately included under the Muscular temperament, if it were adopted, thus giving rise to much confusion, and also leaving the whole osseous structure without any representation. Therefore, to avoid any complication, and account for every tissue of the body, so that the whole subject may be rendered clear, I would suggest that the Muscular temperament be discarded, and an Osseous temperament established, to represent the osseous system, with its appendages, the cartilages, ligaments, tendons, and muscular fibre itself, separate from adipose or vascular tissue.

The characteristic signs of this temperament, then are, a well-defined osseous structure, high cheek-bones, a hard-textured muscle, strong chordy tendons, proportionally large hand, with rather long, heavy, blunt fingers, coarse texture of the skin, coarse harsh brown hair, with harshly-expressed outline of features, all of which indicate a strong constitution, and great powers of physical endurance.

This class of persons are found most numerous in cold mountainous climes, and withstand the hardships consequent upon their mode of life, with seeming impunity; and attain, on an average, to a much more advanced age than those of other regions, where the other temperaments predominate more.

We thus have, with this classification, every part of the human system represented, and presented to our observation under but the four temperaments, Nervous, Sanguine, Lymphatic, and Osseous, each of which represents that part of the system which its name signifies, and the four embrace all the tissues, classed off according to the arrangement made by nature. And the Bilious existing as a condition very susceptible of diseased action, an unbalanced action of the circulating system, the venous being languid and not performing its functions properly, which gives rise to fulness of the superficial veins, and the dark or swarthy hue,—therefore, it may be considered as a circumstantial condition, and not normal.

As the idea appears to be now generally received by the homœopathic profession, that temperaments modify both the pathogenetic and therapeutic action of medicinal agents, the necessity arises that the subject should be thoroughly investigated and well esta-

blished, that every member of the profession may fully understand it, so that the temperament of every prover of medicine could be hereafter given with the provings; and also, that when there are very marked cases of cure reported, the temperament of the patient might be correctly stated.

Having had my attention especially called to the subject of temperaments, and finding much difference of opinion among authorities upon the point, as well as a want of regular classification, by which a student might be guided to correct conclusions, I have been led by observation, and information from other sources, to adopt the views above expressed, and humbly submit them for the consideration of your readers.

PLATINA.

BY DR. V. MEYER.

(Adapted from the German, by Carroll Dunham, M.D.)

Preparation for medicinal use.—Chemically pure Platina, which is soft, and may be cut with a knife, is dissolved in Aqua regia by the aid of heat, the resultant golden yellow solution diluted to a sufficient extent, and a clean smooth rod of steel suspended in it, on which the Platina precipitates, forming a crystalline coating. This precipitate, which may be easily rubbed off the rod, is several times washed in distilled water (until free from acid), and then well dried between layers of bibulous paper. One grain of this precipitate, triturated for two hours with ninety-nine grains of milk sugar, forms the first centesimal trituration of Platina. The further dynamizations are prepared in the usual manner.

Literature.—Stapf and Gross, Archiv. i., 1; Hahnemann, Chronic Diseases, v.

Action.—Platina develops its effects as well in the province of the brain as in that of the spinal cord, and of the great nervous branches proceeding from it. The great splanchnic nerves, distributed in the abdomen, and, in particular, the nerves of the uterine system given off from the hypogastric plexus, are especially

affected by Platina. From this specific action, no inconsiderable number of symptoms seem to result, which are quite peculiar to this remedy, as well moral affections as many aches and pains. Hence this remedy, as will be seen, is especially appropriate for diseases of females, such as we often meet in women and maidens. Whether Platina is suitable *only* for irritable, excitable females, with predominant activity of the sexual functions, as the majority of writers assume, and among them Stapf and Gross, the provers of it, who, by the way, made their provings on a very excitable young woman, I shall leave undetermined. For myself, I have had frequent occasion to administer Platina, and have obtained the very best curative results in appropriate diseased conditions, occurring in phlegmatic women of lax fibre. This observation, too, appears to me to stand by no means in opposition to the totality of the Platina symptoms, but rather to accord most clearly with them. For, on a critical review of what has been made known concerning the action of the remedy, we find that all or by far the greater part of its symptoms bear the character of *depression*, but not that of *erethism*. A lack of energy, a lack of electric tension of the nerves, if I may so express myself, seem to me more clearly manifest in Platina than in any other remedy. And although we find, it is true, isolated phenomena which seem to indicate a contrary action, yet we regard these only as reflex or alternate effects; and, indeed, they occur in so isolated a manner as almost to disappear before the mass of symptoms which justify the view I have taken. It may be that a farther proving of this drug, which, by the way, is very desirable, would disprove our assumption: for the present, however, we can only hold to that proving of which we are already in possession. In this proving, we find, in every system on which Platina acts, the stamp of relaxation, of diminished energy, of depression, of torpor. As well in the psychical and sensuous, as in the sensitive, motor, and vegetative nervous systems, we see this character manifested by the trembling, the sensations of chilliness, the coldness and paralysis which are so frequently present. The assertion will be demonstrated when we come to consider the passive and negative relation of Platina to the sympathetic system as the regulator of the entire vascular system in the human body. But Platina presents no phenomena of hyperæmia, no independent or primary inflamma-

tion, no strikingly accelerated circulation. Hence, we find no alterations in the pulse, such as the learned and careful provers would certainly have signalized had they occurred during the proving.

We have gained, then, several general positions with reference to the sphere of action of Platina.

1. A negative position, viz. : that it does not directly affect the blood life.

2. That it exerts its greatest power upon the brain and spinal cord, and especially in several particular provinces of these nervous centres; and, finally,

3. That it depotentiizes and depresses the nervous life.

Let us now seek to determine these characteristic qualities in the *individual* phenomena of the drug, and inquire, first, how and how far the action of Platina is manifest on the brain and spinal cord, and what changes this drug is able to effect in the individual spheres of these central organs. But, in giving a true picture of the action of Platina, I cannot be expected to adhere closely to the organic order of the individual parts of the nervous system. I shall rather bring first to view those phenomena which stand forth most strikingly among the symptoms of Platina, and arrange the others subsequently in the order of their importance. Thus, then, in surveying the isolated Platina symptoms, we encounter a pathological picture which we have not unfrequently occasion to meet in women—I mean *Hysteria*.

In the delineation of this picture, we begin by the recital of those symptoms which relate to the proximate cause of this affection:—

I. DISTURBANCES IN THE UTERINE SYSTEM.

The following symptoms clearly indicate this:

In both groins, painful drawing, as if the menses were about to set in.

Pressing in the hypogastrium, with a feeling of weakness, as before the menses.

Painful pressing down towards the genitals, as if the menses were commencing; sometimes with tenesmus, drawing through the groins over the hips to the sacrum, where the pain continues longer.

Painful sensibility and constant pressure in the pubic region and

in the genitals, with almost constant internal chilliness and external objective coldness (except in the face).

In the evening, in bed, the painful pressure as if from the menses commencing ceases immediately, but is felt again in the morning, after rising.

Cutting in the hypogastrium, as if before the menses, with drawing headache.

On the second day of the menses, cutting in the abdomen; then, pressing down in the groin, alternating with pressure in the genitals, with increased congestion and discharge of blood.

Pressing in the abdomen, and depression of spirits, with copious menstrual flow.

Menses six days too early, with diarrhœa.

Menses fourteen days too early, and very copious.

Menses six days too early, and lasting eight days, with drawing pain in the abdomen the first day.

The first day of the menses, discharge of much clotted blood. Voluptuous tingling in the genitals and in the abdomen, with oppressive anxiety and palpitation; thereupon, painful pressure low in the genitals, with relaxed feeling and sticking in the sin-ciput.

Leucorrhœa like white of egg, without sensation, only by day, sometimes after urinating, sometimes after rising from her seat.

If we consider these symptoms connectedly, we see that the disturbances excited in the uterine system by *Platina* consist chiefly in certain spasmodic affections and pains, and in the too early appearance of the menstrual discharge. This anticipation of the menses, however, does not result from an abnormal, congestive overloading of the uterus with blood, as we have heretofore seen to be the case with *Aconite*, and as others have observed of *Pulsatilla* and *Crocus*, in the case of which remedies the clearly-marked alternations in the character of the blood discharged, in addition to many other phenomena indicative of hyperæmia, is evidence of such a condition. The too early and too long-continued menstruation of *Platina* depend not so much on sanguineous congestion as, rather, on atony of the nerves and vessels of the uterus, whereby a condition resembling anæmia is induced, which is indicated in the symptoms, "pale and sunken face; pale, wretched aspect for several days." (The heat and redness of face are alternate effects.)

This atonic condition is evidenced, too, by the already mentioned symptom, "painful sensibility, &c., with almost constant internal chilliness and external objective coldness;" since, indeed, as we shall soon see, chilliness and coldness are peculiar to Platina.

Proceeding with the farther delineation of the Platina-hysteria, to which we have a good clue in the symptoms "pressing in abdomen, with ill-humor, attending the copious menses," we shall see what is the nature of the psychical affection.

II. DISTURBANCES IN THE PSYCHICAL SPHERE OF THE NERVOUS SYSTEM.

Depression, despondency, taciturnity.

She thinks she is neglected, and stands alone in the world.

Anxiety, with flushes of heat and trembling of the hands.

Great anxiety, with violent palpitation of the heart, whenever she would speak in company, so that speaking becomes irksome to her.

Anxiety as though she should die, or lose consciousness, with trembling in every limb, oppressed breathing, and violent palpitation of the heart.

Anxiety in region of the heart, and apprehensiveness, as if she must soon die, with disposition to weep, and actual weeping.

Great restlessness of disposition;—she can rest quietly nowhere;—with melancholy which renders even the most joyous objects disagreeable to her. She thinks she is not fit for the world, is tired of life, but has the greatest dread of death, which she believes is at hand.

Morose and ill content.

Discontent with the whole world; everything is a constraint; with inclination to weep.

Sad and morose, she sits alone, without speaking, and cannot resist sleep; then, inconsolable weeping, especially when spoken to.

Silence and involuntary weeping, even after being addressed in the most friendly manner, so that she is angry at herself for it.

Disposition to weep, and weeping after receiving a mild reproof.

Ill-humored, and disposed to weep; often obliged to weep involuntarily, which relieves her.

Disposition to weep, and melancholy; worse in her chamber, better in the open air.

Sad and morose the first morning; the next, indescribably happy, especially in the open air, so that she could have embraced everything, and made merry over the saddest objects.

Very lachrymose, and easily touched by causes quite too trivial.

Very earnest and silent the first day; the next day, everything presents itself to her in a ridiculous aspect.

Chilliness and shuddering, mingled with fugitive heat, with ill-humored taciturnity in the open air; later, pleasant warmth throughout whole body, with return of cheerfulness.

Great cheerfulness, so that she could dance, a half hour after weeping.

Great cheerfulness for 2 days; everything seems joyous, she could laugh at the saddest object; 3d day, great melancholy in the morning and evening, with weeping, even over joyous or ridiculous objects, and also when spoken to.

Involuntary disposition to whistle and sing.

Very fretful and irritable even at things and words that are quite innocent, so that she could sometimes strike at herself and her friends.

No remedy gives us so striking a picture of the hysteric perversion of the disposition as Platina. The depression and anxiety which often increase in intensity, even up to actual apprehension of death, so that, as I have sometimes experienced at the bedside, patients make every provision and arrangement for the disposition of their affairs after death, are characteristic indications of Hysteria as well as of the Platina disease. Platina, however, is most especially appropriate in that form of Hysteria in which the disposition to weep, and the fear of death, which is thought to be at hand, accompany all the other morbid phenomena. I remember a case in which a mother was compelled, on account of debility, to wean her child earlier than she had wished to do so. Several days after, I was called to her, and on entering the chamber, found her friends wringing their hands as they surrounded her bed; for the patient, who never ceased weeping, spoke amid anxiety and apprehension, of nothing but her death, and how fearful it was to have to die so young. She had already made all testamentary arrangements. The most careful investigation could discover nothing morbid in the mammæ, which were still distended with milk, but not hard: even the pulse had not varied from its normal condition.

My exhortation to dismiss these thoughts of death, for which there existed, I assured my patient, not the slightest ground, was gently rejected, as was also at first the medicine I ordered for her: and she told me with tears, that she had merely sent for me that she might see me once again before her death. Finally I succeeded in getting her to take a grain of the 3d trituration of Platina. When I saw the patient again in the evening, the fear of death and the weeping had vanished, and the depression which still remained, yielded the following day, to her accustomed cheerfulness. She became healthy, and remained so.

Moreover, we find in the just enumerated moral symptoms of Platina; the alternations of cheerfulness and sadness, of laughing and weeping, which are peculiar to Hysteria—just as, generally in nature, exaltation so often follows depression or alternates with it.

The same condition of depression we observe, too, in the perceptive faculty, as is shown by the following symptoms:

Illusion of fancy upon entering the room after a walk of one hour, as if everything around her were very small, and everybody inferior to her, both in regard to body and mind, and as if she herself were tall and elevated; the room appears gloomy and disagreeable to her, accompanied with slight anguish, sad and vexed mood, vertigo, and uncomfortable feeling in the midst of a society that she was generally very fond of; all this passes off in the open air when the sun shines. Looking down contemptuously and pitifully upon people, whom at other times she respects, against her will, in paroxysms. During her contemptuous turns she is suddenly attacked with canine hunger, and eats in a greedy, hasty manner; when the regular mealtime arrived she had lost all her appetite. Proud feeling. Cold, absent, indifferent in company of friends; she only answers when she must, and is only half conscious of what she says; after having answered, she reflects whether her answer had been suitable; she is constantly absent without knowing where her thoughts are roaming. She imagines she does not belong to her family; after a short absence all things appear changed to her; absence of mind; she listens to conversations around her, but after they are terminated she has forgotten what she heard. Great absence of mind; she hears not what is said to her, even when addressed with great emphasis. Not disposed to intellectual labor; dull, stretching sensation, as of a board before the forehead, pass-

ing attacks of vertigo in quick succession, in the evening when standing, as if she would lose her consciousness; violent vertigo, she dares not move her eyes; more in daytime than at night; generally when she is attacked with palpitation of the heart.

The characteristic features of these Platina illusions is the proud exaltation of one's self above other persons, who are regarded as contemptible. This circumstance also has its origin in a *depressed* moral activity, as is shown by the related symptoms, "the chamber seems gloomy and unpleasant," "anxious apprehension," "ill humor, vertigo, and discomfort," &c., and the "alleviation in the open air." Hence, too, Stapf and Gross recommended Platina as "a very welcome specific remedy for a not infrequent kind of melancholy."

The sleep, too, gives a clear indication of disturbance in the psychic nervous system. In this relation we are to consider the following symptoms:

Excessive weakness and drowsiness in the evening; falls asleep after midnight, with tearing in the ball of the toe; she wakes in the night in a sort of stupor, and is unable to collect her senses; wakes about midnight; ideas which she is unable to repel crowding upon her mind, no sleep until morning; anxious dreams, and gloomy thoughts, and sad visions when waking suddenly; anxious, confused dreams of war and bloodshed. She dreams of fires, wants to go there, but cannot get ready, with her preparations of toilet, etc. He wakes in the morning with a peevish and anxious mood as if he had suffered injury during his sleep.

I might continue to describe Hysteria in the words of the Platina symptoms; for many more alterations of functions induced by this remedy might easily be made to contribute to the completion of the picture. I shall mention, however, in this relation, only the digestive disturbances, the spasmodic affections, and the pains induced by Platina. But I fear to lead, by this course, to the erroneous supposition that all the other phenomena of Platina belong also to Hysteria, and thus to the false conclusion that Platina is only and exclusively a remedy for Hysteria; whereas, on the one hand, not every form of Hysteria finds its remedy in Platina, and on the other, Platina is a remedy for several other morbid conditions, not only of women, but also of men. To guard against this error, I forbear to cite further the Platina symptoms resembling Hysteria, but would not wish to deter others from studying and

estimating their relations and correspondence. First, however, I must call attention to a few other symptoms of Platina, nearly related to Hysteria, less important than those already cited, but still characteristic. It not unfrequently happens in Hysteria, that a feeling of indescribable anxiety, with respiratory embarrassment, or a spasmodic constriction of the œsophagus, is experienced. This condition, generally denominated "Hysteric Asthma," is depicted in the following symptoms of Platina.

Sudden arrest of breathing in the throat, as takes place when walking against the wind. Oppressed breathing, with warm rising from the pit of the stomach to the pit of the throat; she has to take deep breath; accompanied with a hoarse voice, going off again with the oppression. Impeded respiration from weakness of the chest; deep breathing, as if a load were oppressing the chest; frequent deep breathing without oppression of the chest; asthma, as if laced too tightly, with heavy, slow breathing.

Another trouble frequently attendant on Hysteria, is the so-called *clavus hystericus*, a peculiar, tense, pressing, squeezing headache, appearing in paroxysms, and confined to a small spot.

The following symptoms may be referred to this condition:—cramp-pain in the right temple in the afternoon; cramp-pain in the forehead, as if between screws; cramp-like tension in the temples, as if between screws; compression in the forehead, in paroxysms; sudden and short pressing from without, inwards in the vertex; pressure under the right frontal eminence, increasing and decreasing in paroxysms; sudden attack of contusive pain in a small spot of the left parietal bone; dull pressure in the right parietal bone, as of a plug being lodged in it; violent boring in the centre of the forehead, decreasing gradually, and finally disappearing.

Let us now leave the subject of Hysteria, and consider the farther action of Platina on the healthy body; and, first,

III. THE DISTURBANCES IN THE VEGETATIVE NERVOUS SYSTEM.

Viscid and slimy in the mouth the whole day, especially after a meal, also in the morning, with very bad humor; occasional conflux of water in the mouth; sensation in the upper part of the tongue as if burnt, increased by rubbing the teeth over it: scraping sensation in the throat, as if raw, in the evening after lying down, and on the day following, sometimes accompanied with an irritation resulting in short cough; sweet taste on the tip of the tongue; no

appetite; she relishes the first mouthfuls, but she is soon replete; she is speedily satisfied at supper owing to great sadness, later she eats; pinching in the umbilical region after a meal, as if diarrhoea would come on; empty eructations in the morning; loud eructations in the morning, and after dinner; sudden gulping up of a bitter sour fluid, inducing cough and a scraping sensation in the throat; nauseous feeling in the region of the stomach; qualmishness in the region of the stomach in the morning; continual nausea, with great faintness, anxiousness, and a trembling sensation through the whole body in the forenoon; desire to vomit, without vomiting, coming and going increasingly accompanied with great qualmishness and uneasiness in the limbs.

Stomach.—Pressure in the pit of the stomach, also when touching it; pressure in the pit of the stomach after eating bread and butter, as if he had eaten something that had not been digested; repletion in the stomach and abdomen, as if overloaded, in the morning before breakfast, with a good deal of empty eructations; distension of the pit of the stomach and the stomach itself, with a scratching and tearing sensation in the stomach; drawing pain, with pressure under the pit of the stomach, as if occasioned by a strain; contractive pain around the pit of the stomach, as if she had laced herself too tightly, with a suffocative sensation; painful sensation around the pit of the stomach, as if she had laced herself too tightly, with sensation as if it would go off by eating; oppression around the pit of the stomach, independent of breathing; pinching in the region of the scrobiculus cordis, and shortly after sensation as if pressing into the hypogastrium, as if flatulence were crowding down; the sensation went off when a desire for emission of flatulence made its appearance, which, however, took place with great difficulty, the sensation in the groin returned all the time, with distension of the abdomen; creeping in the pit of the stomach, rising into the throat, as if she had swallowed little particles of a feather, vomituration ensued; itching in the region of the stomach going off by friction; fermenting sensation in the region of the stomach; dull beating as with hammer in and near the pit of the stomach, in the region of one of the cartilages of the ribs (immediately); violent stitches on the right side near the pit of the stomach; dull shocks in the pit of the stomach; violent dull stitching shocks in the pit of the stomach, slowly going and coming; gnawing and writhing sensa-

tion in the stomach early in the morning, with canine hunger and accumulation of water in the mouth, not relieved by eating.

Abdomen.—Colic towards evening increased by raising one's self in the bed, and then ceasing gradually; great distension of the abdomen in the evening; spasmodic distension of the abdomen in several places, causing elevations and depressions on the surface; sensation in the whole of the abdomen, as if she had laced herself too tightly; sensation in the whole abdomen, as of being pinched together from the umbilicus to the back; painful pinching under the left short ribs; jerking pinching in various parts of the abdomen; jerking drawing in the right side of the abdomen, with some arrest of breathing; a darting pain through the abdomen, succeeded by weariness of the knees; drawing through the abdomen from the chest towards both groins, this drawing terminates in the genital organs, where it causes a pain; a writhing sensation around the umbilicus, with oppressed breathing, and a tremulous sensation through the whole body; very painful stitch deep in the abdomen above the umbilicus, when suddenly raising one's self after cowering; dull stitches in the middle of the umbilicus; dull shocks in the abdomen, at intervals, below the short ribs; stitches in the abdomen in the morning; fine stinging in the right side of the abdomen, moving in the umbilical region when lying upon the affected side, but increasing when lying on the left side; anxiety in the whole abdomen, succeeded by a pain in the abdomen as after fright, accompanied by a desire as if diarrhœa would come on; slight burning around the umbilicus; sudden burning darting from above downwards in the right side of the abdomen; burning sensation in a small spot of the left side of the abdomen, in paroxysms; sudden jerking, resembling a dull shock in a small spot in the abdominal integuments; dull contusive pain below the umbilicus in the integuments; dull shocks, a sort of beating, in the region of a true lower rib; motion in the abdomen as of flatulence; rumbling in the epigastrium before breakfast; rubbing sensation in the abdomen, before breakfast, with a pinching anxiety in the intestines; emission of short, interrupted flatus, sometimes difficult; copious emission of flatulence.

Constipation, lasting several days.

Constant tenesmus.

Frequent ineffectual desire for stool, or with scanty stool, which

passes only part at a time, with violent straining and painful sensations of weakness and tension in the abdominal muscles.

Difficult stool, with cutting, burning, and protrusion of the varices.

Stool hard, as if burned, with slight tenesmus before and after it.

Scanty, tenacious stool, cohering like clay, with long pressing and straining of the abdominal muscles.

Papescent stool in the morning, half-digested and somewhat bloody; afterwards, increased tension in the left hypochondrium and loins.

Papescent stool in the evening, with ascarides.

Tenesmus, with evacuation of a piece of tape-worm.

Violent, noisy evacuation after dinner, first thin, then solid, expelled in fragments almost pulverulent, with great straining; after the expulsion he feels a shaking and shuddering, especially in the upper part of the body; and after rising from stool he feels a slight pain and weakness about the umbilicus; considerable tenesmus, even when the stool is not hard, and after every stool a violent stitch in the anus, with subsequent cramp-like contraction of the nates, extending towards the small of the back.

Shuddering after stool and urination.

Much discharge of blood from the anus.

Tingling tenesmus in the anus, as if diarrhoea would set in, every evening before going to sleep, at the same hour each day.

Burning in the rectum during stool, and, afterwards, violent itching.

Violent, dull stitches in front part of the rectum, so that she could cry out.

Urine pale yellow in the morning, clear as water in the afternoon.

Very red urine, with white clouds.

Urine becomes turbid, and leaves a red stain on the sides of the vessel.

If we cast a glance over all these symptoms, we find here torpor of the intestinal canal distinctly pronounced. The flatulent colic, which is clearly depicted in the symptoms, depends, here, on a paralytic weakness of the whole intestinal tract. The peristaltic action is diminished: hence an inordinate development or retention of intestinal gas, and manifold digestive disorders, as consequences. Eructations, nausea, anorexia, partial or complete, oppression at the stomach, fulness, distension of the stomach and abdomen, dis-

tension of an isolated part of the abdomen and drawing in of the rest, cutting, gnawing, wrenching, gurgling, finally, discharge of flatus, sometimes very troublesome; constipation, very dry or papescent stools, containing half-digested matter,—all these phenomena furnish clear evidence of the torpidity of the muscular fibre, or, rather, of the diminished activity of the intestinal motor nerves. Homœopathists are acquainted with several remedies which develope in a high degree the signs of flatulence and its attendant difficulties. I mention only for example Colocynth, which is sure to occur to the mind of every Homœopathist when flatulence is mentioned. But the flatulence of Colocynth depends rather on an abnormal composition of the gastric juices, and a vicious bilious secretion; hence the bitter taste, the green vomiting, the abdominal pain *after anger*, the altered color of the stools. The Platina symptoms, on the other hand, indicate by no means an altered composition of the fluids necessary to digestion; and nothing is left to which to attribute the flatus and other abnormal symptoms of the intestinal canal, save a diminished activity of the intestinal muscular fibre.

IV. AFFECTIONS OF THE MOTORY NERVOUS APPARATUS.

SPASMODIC PHENOMENA.

Cramp-like feeling of contraction darts suddenly through the head from the right temple to the left; then, feeling of dulness, as if too tightly bound, with trembling, both sides of the head.

Cramp in the cervical muscles, as if from lying on too hard a pillow; worse on motion.

Cramp in the hand on exerting it.

The finger is drawn crooked, with painful drawing up in the arm on bending the arm.

At night, after rising, cramp and contraction of the soles of the feet.

Great inclination to violent, almost spasmodic, yawning.

Yawning, afternoon, without sleepiness.

Frequent yawning, afternoon, so violent, her eyes overflow.

Violent yawning, after a meal, so that the cervical muscles become painful.

A chill runs over the whole body, after yawning.

Jerking of the muscles in the legs, after walking a little.

Cramp-like jerking here and there in the limbs, like throbbing.

Painful trembling of the whole body, with throbbing in the vessels.

Trembling sensation, at times, through the whole body.

First, a trembling sensation in the hands and feet, then chilliness and violent trembling of the whole body, as if in the most violent chill, with chattering of the teeth, the face at the same time being warm and the hands cold.

The trembling, which, standing midway between spasm and paralysis, is often met with in the pathogenesis of Platina, and is associated in it with many other morbid phenomena, leads us very naturally to disturbances of another nature in the province of the motory nervous system.

PARALYTIC PHENOMENA.

Weakness in the nape of the neck; the head sinks forward.

Weakness in the nape; she cannot hold up the head.

Relaxed feeling in both arms, as if they had held up something heavy; diminished by moving them to and fro, but returning immediately when they are at rest, with drawing, as on a thread, from the shoulder to the hand.

Sudden paralysis, as after an apoplectic fit, in a small spot, now of the right, now of the left arm.

Heaviness of the arms.

Feeling as if paralysed in the left arm; she has to let it sink down; much worse when resting the arm on the chair, when sitting, even when leaning the shoulder against the chair.

Weariness and weakness of the left arm, with drawing in it.

Paralytic feeling in the right forearm, drawing from above downwards.

Weakness, with trembling disquiet in the thighs, especially towards the knees, as when tired by walking, felt only when sitting.

Weakness in thighs (and whole limbs), as if beaten, with tremulous uneasiness in them, when sitting and standing.

Great weakness in the knee-joints and their neighborhood, more when standing than when walking, worst when going up stairs.

Weakness in the knees when walking, also in the thighs when sitting, as if fatigued by walking.

Tottering when walking, as if the limbs had no firm footing.

Weakness, especially when sitting; the feet feel as if over-fatigued, and are full of trembling uneasiness.

The phenomena resembling paralysis, are much more clearly defined than are the spasmodic affections. The whole muscular system appears dormant, and seems to have lost its tone. Even in sitting and leaning the body against a solid object, this weakness and laxity of fibre are significant enough to warrant the conclusion that many forms of disease resembling paralysis must find a remedy in Platina. Thus, on the motor nerves, our remedy acts as a *depressing* agent, taking from them their wonted energy, and only here and there, through its inroad upon their activity, provoking spasmodic phenomena of slight importance.

Let us now go farther, and see whether the distinctive characteristic of Platina displays itself in any other nervous system subject to the control of the brain.

V. AFFECTIONS OF THE SENSITIVE NERVOUS SYSTEM.

We have here phenomena of two kinds to consider,—*Anæsthesia* and *Pain*.

A. ANÆSTHESIA.

Tensive, numb feeling in the whole sinciput, as after a blow, extending as far as the nasal bone; numb feeling in the sinciput, as if constricted in a warm room full of men, increased after a short time to a violent pressing together, with a sensation as of a dull digging up, with impatience and ill-humor, and heat on the upper part of the body, especially in the head, as if the sweat of anguish would break out; in the evening, when in the cool air, he feels an unusual heat, and, when beginning to walk, a painful shaking of the brain, as if a ball were knocking against the skull; afterwards the same sensation is felt when lying in bed, accompanied with a slight roaring in the ears; when the pain abates he falls asleep.

Feeling of coldness, creeping, and numbness in the whole right side of the face.

Cramp-like painful feeling of numbness in the left side of the zygoma.

Tensive feeling of numbness in the zygomata and mastoid processes, as if the head were compressed by screws.

Feeling of numbness in coccyx, as if after a blow, when sitting.

Tensive feeling of numbness in the nape of the neck, just at the occiput, as if bound together.

Sensitive feeling of numbness and trembling of the right thumb, in the morning, as if contused.

Trembling feeling of numbness in the knees, and extending to the feet, as if too tightly bound.

Feeling of numbness, and weakness, and dull pressure on the inner side of the bend of the left knee, when sitting.

Cramp-like jerking of the legs from above downwards, with a feeling of stiffness, which is also felt in the feet when sitting, especially in the evening.

Tremulous, creeping uneasiness in the legs when sitting, with feeling of numbness and stiffness, especially increased in the evening, and also in bed.

Feeling of numbness and weariness, in the feeling only, when sitting, as if after standing a long time.

B. PAINS AND SENSATIONS.

The true character of Platina is clearly depicted in the feelings of dulness and numbness. Now, even if we assume, with the majority of physiologists, that pain consists in an exalted activity of the sensitive nerve, then, notwithstanding, Platina produces, as we shall see, no small number of painful sensations, still, paradoxical as this may at first view appear, the general character of Platina, viz., that of *depression*, is clearly manifested in the *form* which the Platina pains assume. No substance which acts on the human body leaves unaffected the sensitive nerves so easily and quickly excitable. Hence, we find, that in all provings of drugs on the healthy body, a greater or less number of pains occur. But for the very reason that *pain* so frequently accompanies the pathological modifications of the organism, it is incapable of serving, in its *generality as pain*, as an index for the discovery of the peculiar character of a drug. If we received it as our guide, we should always, of necessity, infer an *increased* activity. It is

necessary, therefore, to examine the determining conditions in which the pains originate, in order to form an opinion as to whether the pains are induced by congestion or anæmia, by inflammation, or by a condition of paralysis, &c. &c. In determining the character of a drug, then, the pains and sensations, inasmuch as they occur almost universally, are to be subordinated and accommodated to the other phenomena. Perhaps the *kind* of pain, whether more of a sticking or squeezing, more of a tearing or contracting, more of a pressing or pinching pain, stand in some relation to the *nature* of the drug which produces the pain, and so may contribute somewhat to the unfolding of the latter. We shall lay no greater stress, however, on this assumption, which is quite hypothetical, than on this, that the kind of pain depends on the tissue in which it originates.

I will enumerate briefly the various pains and sensations which Platina excites, naming, at the same time, the parts in which they especially occur; and I have endeavored to indicate, by the order of succession, what kinds of pain occur most frequently, and what kind less often.

Cramp-pain (head, forehead, temples, orbital margins, ears, nose, zygoma, lower maxilla, teeth, fauces, chest, nape, throat, forearm, hand, fingers, hips, limbs, thighs, legs, calf, tarsus, heel, toes).

Oppression (head, eyes, nose, zygoma, epigastrium, ribs, genitals, chest, back, shoulders, forearm, ham, sole of foot, toes).

Oppression, wavelike, over the right orbit.

Pressing (forehead, rectum, GENITALS).

Pressing together (forehead).

Pressing inwards, cramp-like (temples, vertex).

Tension (temples, orbital margins, globe of the eye, chin, nape, hips, thighs, ham, calf, dorsum of the foot, toes).

Drawing (head, ears, teeth, gullet, epigastrium, abdomen, scapula, hand, finger, thigh, knee, calf, heel).

Drawing together (head, temples, epigastrium, abdomen).

Tenesmus (anus).

Jerking (nose, soles of the feet).

Sticking (head, meatus auditorius, cheeks, gullet, gastric region, abdomen, rectum, præcordia, back, axilla, hand, cruro-tarsal joint, ball of the foot, toes).

Crawling, itching, prickling, tickling (temples, lower maxilla,

corners of the eyes, *face*, nose, tongue, epigastrium, arms, genitals, chest, thyroid region, hand, fingers, thumbs, limbs, knees, ankle-bones, soles of feet, toes).

Chafing (orbital margins, tips of ears, *nose*, cheeks, parts about the mouth, chin, genitals, scrotum, hand, feet, and soles).

Burning (head, eyes, ears, tongue, region of umbilicus, abdomen, rectum, chest, arm, elbow, hand, knee, toes).

Pain as from a blow or thrust (head, temples, arch of eyebrow, abdomen, coccyx, shoulder, arm, limbs, thighs, knee).

Numbness and feeling as if paralysis (head, cheeks, lips, nose, *face*, zygoma, chin, coccyx, nape, arm, forearm, hand, thumb, limbs, thighs, knees, hollow of the knee, feet).

Feeling of coldness (head, eyes, cheeks, lips, *face*, chin, scapula, hand).

Throbbing and throbbing pain (teeth, region of stomach, ribs, forearm, legs, toes).

Soreness (eyes, lips, palate, back, legs, ankle joints, and bones).

Tearing (ears, thigh, dorsum of foot, toes).

Shocks and blows (chin, epigastrium, chest, back, skin, calf).

Startings (ears, chin, legs).

Jerking and jerking pain (upper lip, gastric region (visible), abdomen, forearm, limbs).

Feeling as if burned (upper lip, tongue).

Feeling as if beaten (arm, thigh).

Feeling as if dislocated (knee, ankle).

Feeling as if contused (head, mastoid process, elbow, thumb, knee).

Pain of excoriation (back, scapula).

Pinching (umbilical region, epigastrium, abdomen).

Dull pains (head, teeth, arm, thigh).

Cutting (abdomen, dorsum of foot).

Digging (forehead, ears, teeth).

Boring (forehead).

Scratching (gullet).

The pain most frequently encountered in Platina provings, is *Cramp pain*. We meet with this in almost every part of the body. The following symptoms, for example, present modifications of it:

“Tensive pain in both upper orbital margins, extending to the globe of the eye itself; they are, as it were, compressed.

"In the left *ala nasi* cramp-like jerkings at regular intervals; cramp-like jerkings at regular intervals in a small spot below the external knuckle of the right hand."

The sensation of *pressing inwards*, too, is a very frequent symptom of Platina. In addition to the instances in which this is distinctly expressed, the following, among other symptoms, seem to belong to this sensation:

"In the left side of the forehead, a sudden, fugitive pressing inwards, as by a dull body.

"Fugitive pain in the middle of the vertex, a pressing inwards.

"Dull pain in the right parietal bone, as if a plug were forced there.

"In the middle of the back, on the right, near the spine, violent pain, as if a sharp plug were fixed; on pressing upon it, pain like a sore wound, continuing a long time.

"Behind, on the left mastoid process, pressing pain, as if by a dull instrument; on pressure, pain as from a contusion.

"On a small spot, above, on the thorax, painful sensation, as if one pressed powerfully on it, with a dull body."

Just as frequent as the cramp-pain is in the muscular tissue, is the feeling of *itching* in the skin. We find it under various forms: e. g.

"On the upper margin of the orbit a kind of sore, eating sensation, as if caused by excoriation.

"On the scrotum a frequent sore, corrosive sensation, as if from excoriation by woollen cloth, so that he must change his position frequently, especially when sitting, also when lying in bed; many days, above and around the ankle joint and bones, a smarting and sore gnawing sensation; if, when walking, the clothes strike against the uncovered foot, the part pains as if raw and excoriated; sticking, gnawing in a small spot on the left sole, compelling him to scratch the part.

"Tingling in the nose, as from snuff, or as before epistaxis, compelling him to rub the nose, causing the eyes to water, and inducing a vain desire to sneeze.

"On the knuckles and fingers, a burning prickling, as if he had touched stinging nettles, compelling him to scratch vigorously.

"On the left elbow, a kind of sore burning, as if scraped, or abraded by woollen cloth.

“On the right temple, formication, passing down the right side of the cheek and lower jaw, with a sensation of cold.

“Formication and sensation as of a cold breeze in the left hand.

“At a little spot on the left parietal bone, *at intervals*, a kind of dull, corrosive sticking.”

A peculiarity of the itching, burning, prickling, &c., is, that the scratching and rubbing to which they usually compel the patient, afford only a very brief amelioration.

Nearly related to the cramp-pain of Platina, is the sensation of contraction and constriction to be found in the following symptoms:

“The head seems to him, as it were, compressed in a frame; a dull, painful sensation.

“Cramp-pain in the forehead, as if between screws.

“In a somewhat warm room (with many people), first a feeling of dulness in the sinciput, as if contracted; this increases more and more to a violent headache, first, in the right temple, later, in the whole head, but always worst in the forehead; a dull, sometimes dizzy compression, with very cross and impatient humor; at the same time, heat in the upper part of the body, especially the head; an anxious sweat seems about to break out; every minute, a flash of heat runs over him; nothing relieves this condition, which, if it moderate for an instant, returns quickly with violence. In the evening, when standing in the cool air, he is uncommonly warm (no thirst). When beginning to walk after a short rest, the brain is painful, as if shaken, or as if a sensitive ball, lying loose in the head, struck against the cranial walls. In the evening, in bed, in addition to the dull feeling in the forehead, a roaring in the ears; then, when the pains abate, he sleeps.

“Tensive, dull feeling in the nape of the neck, just on the occiput, as if tightly bound together.

“A kind of spasmodic contractive sensation darts quickly and suddenly from the right temple, through the head, to the left temple; later, the head feels numb and trembling on both sides, as if a cloth were wound tightly about it.

“In the left great toe, a painful sensation, as if tightly bandaged.”

It is characteristic of the morbid phenomena induced by Platina

that they often appear at regular rhythmical intervals, and, beginning feebly, become more violent, and then again diminish in intensity.

“In the epigastrium, to the left, a few violent, dull stitches, like shocks, at long intervals.

“In the left ulna, two inches from the wrist, at intervals, pain in every position, like a kind of jerking, especially in the tendons.

“Below the knee, from the right tibia down, painful shocks at irregular intervals, as from a dull instrument.

“A pressing cramp-pain in the left temple, beginning moderately, and rising and falling in severity.

“In left side of thorax, a cramp-like pain, moderate at first, gradually increasing, and then decreasing.

“On top of the right shoulder, a pain as from a blow, moderate at first, then gradually increasing, and then decreasing.”

A farther peculiarity of the Platina symptoms is that they become aggravated by sitting and standing, and are alleviated by walking,—a feature agreeing exactly with the general character of the drug.

The following symptoms come under this head :

“When sitting and standing, a painful feeling of weakness in the whole right limb, especially in the superficial muscles of both thighs, as if beaten, with a tremulous uneasiness.

“When sitting, a dull pain, as from a fall, in the head of the left thigh.

“Great weakness in the knee-joints and surrounding parts, even when sitting, but especially when standing, making him sway back and forth involuntarily.

“When walking, he feels but little weakness ; but, so soon as he sits, the feet are as if tired, trembling, and full of uneasiness.”

Another characteristic of the Platina symptoms is the *evening exacerbation*.

“Spasmodic jerkings down the left thigh, and feeling of numbness in the legs and feet when sitting, especially in the evening.

“Feeling of fatigue in the soles, with a sensation as if they were swollen around the ankles. When sitting, the fatigue ascends gradually into the calves, with a sensation as if they were stretched, in the evening.

“In the afternoon and evening she feels in her worst humor.”

A farther peculiarity of Platina, which should not be overlooked, is that strikingly prominent *sensation of cold and chilliness* which, as already stated, attends many phenomena, and often appears independently. We shall be less likely to regard this chilliness and feeling of coldness as a febrile symptom, or a disturbance in the sphere of the Sympathetic, inasmuch as we perceive no reaction of any kind,—heat, sweat, or change of pulse.

These phenomena of chill and coldness are, here, rather a reflex action on the sensitive nervous system, dependent on the torpor peculiar to this drug. I do not therefore hesitate to cite here the following symptoms:

“Chill, with chattering of the teeth, in the evening, when undressing.

“Constant feeling as if he should freeze, with frequent shuddering down the limbs, especially in the open air, even when it is warm.

“Cold, with shivering over the whole body, down to the feet.

“Cold chill running over the back.

“Shivering from cold, evening.

“Constant shuddering through the whole body, especially the limbs.

“Frequent shuddering from above, down the arm and the whole body, with horripilation.

“A shiver runs over her when she steps from her chamber into the open air.

“Sudden shiver on head, chest, and arms, after entering a warm room.

“Shivering in the forenoon, with drowsiness.

“She becomes suddenly quite warm, and fancies she looks very red, although her complexion is as usual.”

I have dwelt at somewhat greater length on the functional affections of the sensitive nerves, because it is in just these effects that many peculiarities and characteristic features of Platina are most strikingly prominent; for phenomena present themselves here, as we have seen, which serve as important points in the general indications of the remedy.

It only remains, for the sake of completeness, to cite a few symptoms, which, even if of no great importance, yet serve to fill out the picture of the Platina disease. These symptoms relate to the organs of special sense.

AFFECTIONS OF THE SENSORIAL NERVOUS SYSTEM.

"Painful drawing around the left eye, seeing as if through gauze, and sensation as of the eyes being agglutinated. The eyes are painful when using them in the evening, at candle-light, and when exerting them; they first itch, obliging her to rub them; then they suppurate, are very painful, see a tremulous and twinkling light, obliging her to close them, and making it impossible for her to see any object.

"Tingling of the ears; tingling of the ears, afterwards, tearing in the same; whizzing in the ears, with stitches in the head; noise in the ears, as of the wind blowing into them, increased by the least noise to such an extent that she has great difficulty in hearing others; roaring in the right ear; noise in the right ear, as of the wing of a large bird; dull roaring and rolling in the ear every morning, and afterwards every evening after lying down, at the same hour for several weeks; dull roaring in the right ear, with obtusion of the head from a sort of cramp-like pressure; jerks in the right ear like distant thunder."

Finally, a few symptoms belonging to the male genital system remain to be cited:

"Erections towards morning.

"Constant erections during sleep, with amorous dreams.

"Constant erections at night without seminal emission, and without many dreams.

"Embrace with little pleasure, and very brief."

These symptoms agree with the general character of Platina. The erections are, if I may use the expression, *passive*, and are attended by no desire; hence, erections without emission and embrace of short duration with very little pleasure.

Having thus taken a survey of the general and special sphere of action of Platina, I shall now consider several remedies that are related to it, and briefly refer to the diagnostic difference between them and Platina. First of all I name *Asafœtida*. This remedy, as well as Platina, exhibits many of the phenomena of Hysteria, but of an altogether different form of that disease. Menstruation too, is rendered more frequent by *Asafœtida*; still however it remains scanty. The hysteric perversion of the disposition and *morale* are clearly induced, it is true by *Asa.*, and even the globus

hystericus is present; but then Asa. fails to induce the disposition to weep, the fear of death, the absent-mindedness, the self-exaltation above others, which are so peculiar to Platina.

The affections of the vegetative nervous system induced by Asafoetida are eminently of a spasmodic nature, as well as those induced by Platina; but they seem to depend partly upon a peculiar gastric condition, and partly on obstructions in the portal system. Asa. effects the periosteum, for which Platina has no affinity at all. On the other hand, Asafoetida has the trembling, the cramp-like sensations, ceasing and reappearing at regular intervals, aggravated by sitting, and ameliorated by walking, in common with Platina, although with various modifications and under different conditions. The paralytic condition is not so clearly developed in the action of Asa. But the phenomena which most strikingly distinguish Asafoetida from Platina are the symptoms of congestion and fever, which, as we have seen, are altogether wanting to the latter. Hence it follows, that torpor and inactivity, and prostration of the functions, do not make up the character of Asa.; but, as a rule, most of its effects upon the brain and spinal cord appear to be reflex effects from affections of the vegetative nervous system, whereas the action of Platina upon these central organs is independent and primary.

Crocus, although far more widely different than Asafoetida from Platina, may yet be reckoned among the related remedies, because, perhaps, of its affinity for the female organism, and of its action on the *morale* and the disposition. The too early and too copious menstruation and the meterorrhagia which *Crocus* induces depend, however, on an overloading of the uterine vessels with blood; hence, the blood is black and clotted; and, hence, the hemorrhages which occur also in other organs are easily provoked by motion or exertion. The moral effects are directly opposed to those of Platina. In the case of the latter we have weeping and fear of death; in that of the former, laughing and unrestrained merriment; but the frequent alternation of cheerfulness and sadness is a feature common to both remedies. When I add, in conclusion, that the majority of the morbid phenomena of *Crocus* are induced by congestions, venosity, and other abnormal states of the vascular system, we at once perceive the distinctions between the remedies.

Pulsatilla is in several aspects similar and related to Platina.

But, from the very fact that it is a polychrest,—that is, that it acts in very many ways, and exerts its healing power in a great number of acute as well as chronic diseases,—the difference of its character from that of Platina may, notwithstanding their similarity, be clearly seen. It would lead me too far to unfold this difference in all its aspects; this may be done with greater propriety when treating of Pulsatilla. Only this much I may say: that the similarity of Pulsatilla to Platina is shown most clearly in their respective moral effects, and in their action on the female sexual system. But even in these symptoms there are important differences, the psychical effects of Pulsatilla consisting chiefly in fretfulness, complaint, and lamentation, and the disposition to weep which belongs to this remedy, arising rather out of *these* conditions; whereas, the weeping induced by Platina is a result of apprehensiveness and of weakness of disposition.

With regard to menstruation, Pulsatilla induces a number of abnormal symptoms, retards the menses, and causes a discharge of black clotted blood. Hence, Pulsatilla is not improperly regarded as antidote to Platina.

Last of all, it remains to mention *Plumbum acetium*, which shows much resemblance to Platina in its spasmodic and paralytic symptoms; but whereas, in the case of Platina these are primary, in that of Plumbum they are secondary. On this account, too, Platina is the remedy for certain cases of lead-colic. These two metals stand almost in the same relation that Arsenic and Carbo vegetabilis hold. The tendency to decompose everything of an organic nature is common to these two remedies; but Arsenic induces this decomposition after a previous over-excitement and too strong impression upon the organism, while the peculiarity of inducing decomposition is a part of the primary action of Carbo.

The dose in which Platina may be given is various. I have generally given the 2d or 3d trituration, with the best results; but I doubt not that it is active in higher potencies, this being attested by the experience of competent physicians.

PATHOLOGY.

BY S. M. CATE, M.D.

"ELEMENTS OF GENERAL PATHOLOGY. By the late JOHN FLETCHER, M.D. Edited by John J. Drysdale, M.D., and John R. Russell, M.D. Edinburgh: 1842."

As Physiology embraces the classification of the facts and phenomena of normal life, so Pathology embraces the classification of the facts and phenomena of disease. During past ages, medical facts have been so much mixed and blended with the absurd theories of disease, that the classification of these facts and phenomena of diseased action has seemed a result well-nigh unattainable. So hopeless has the task seemed, that it is only recently that any systematic attempt has promise of good results.

We think the confusion in Pathology must have been painfully felt by every practical medical man. It is true that some medical writers of the past have done much towards describing the external and visible symptoms of disease. Morbid anatomy also has accomplished something in the accumulation of a host of various and, oftentimes, contradictory facts.

In this department, the labors of Skoda and Rokitansky have done something in arranging a vast amount of facts, which have the advantage of being collected under a uniform and scientific system of observation. Their deductions have the advantage of coming from men who have no particular theories to support; they are content to take the facts as they find them, instead of seeing them through the spectacles of some medical sect.

Notwithstanding this, we think all must have felt before the production of the work, whose title stands at the head of this article, that that portion of the science of medicine, known as Pathology, was like a huge store-house, in which the facts, fancies, and phenomena of disease, were heaped in promiscuous confusion. Into this the teachers of Pathology have led the student of medicine, and, holding the first specimen that came to hand, told them something of its history, and the symptoms that preceded its introduction into the dead-house. In this manner, venerable professors

proceed from one fact to another, without any considerable explanation or classification, until the patience of teacher and student are exhausted in turning over the heap of morbid human remains. The student comes out with the same confusion and lack of classification in his mind that characterized the materials on which he has wrought.

Hence, it is painfully easy to see that Pathology, as a distinct branch of medical science, is very defective. Many diseases of most common occurrence are wholly without any well-credited pathological classification; and of many others, where there are some rays of light, they shine through such a dense fog of doubt and uncertainty, as to be of little practical value. The accumulation and, especially, the just weighing and rectification of facts, is daily doing much for medicine. Still, the isolated points of progress are but patches upon an old garment, strangely in contrast with the decaying and moth-eaten original.

Alfred Stille, M.D., has produced a work (as he avers) exclusively devoted to general Pathology.

C. G. B. Williams, M.D., &c., issued a work on "General Pathology and Therapeutics," which has been reproduced in this country by Dr. Clymer. These, with the work under review, comprise the grist of what is acceptable to the English student.*

Yet the student of medicine has, in good works on theory and practice, the general and most uniform morbid results, given under the head of "Pathological appearances;" that is, as far as these appearances have been well observed and described. The morbid results thus detailed vary with different and, sometimes, with the same observer, while they are entirely lacking in many diseases.

It is then, with the more satisfaction that we turn to the work of Dr. Fletcher; not that we may expect to find in it the perfection and final consummation of all that is to be accomplished in the field of Pathology, but Dr. Fletcher has commenced and, in many parts, completed those generalizations of medical facts, so

* And the work of Dr. Fletcher can hardly be said to be acceptable to the American student, unless I was peculiarly unfortunate in my attempts to obtain it, having sent to Boston and New York many times before it could be found. Cannot some American publisher make it pay to republish it in this country? or if sufficient copies are already published, why not throw them into the hands of the trade, where medical men can find them?

as to bring harmony out of confusion, and, to some extent, poured the light of scientific classification, where before was darkness and chaos.

Dr. Fletcher's style is vigorous and concise, but sometimes so compressed as to be somewhat obscure. This arises, in part, perhaps, from the manner in which the work was produced, "it being arranged" (as we are told by the editors in the preface) "from MSS. put into their hands (notes of lectures often scarcely intelligible)." And the effort of the editors to discharge their duty to the author in his own spirit, has certainly been one of rare success. In it they have performed a labor that lays the profession under lasting obligations to them. And the notes that they have added show that they have imbibed much of the spirit of the philosopher, whose last labors they have endeavored to spread before their medical brethren, evidently feeling assured, as they cast them forth to the medical public, that they were being brought only to be embalmed for all coming time.

Dr. Fletcher's work commences with "Etiology, or the consideration of the influences of those agents upon the body by which disease is occasioned." On the discussions and definitions under this head we need not dwell, but may notice the definition given of the proximate cause of disease in distinction from the symptoms of, or the disease itself. "If the discharge from the nostrils in catarrh, and the yellow color of the skin and eyes in jaundice, be distinct respectively from an inflammation of the Schneiderian membrane, and an obstruction of the biliary ducts, whence these symptoms proceed; if what a person, ignorant even of the existence of such a membrane, or such ducts, immediately perceives and recognises, be distinct from what a medical man arrives at only by study and observation; if, in a word, Semiology and Pathology be distinct sciences, a disease is not identical with a proximate cause, but something resulting from it," &c. "It bears nearly the same relation to a proximate cause which a shadow does to the substance which produces it; and as the shadow is the immediate and evident effect of the interposition of this substance, so as to intercept the rays of light, whether the substance be obvious or not, so a disease is the immediate effect of its proximate cause, which, in like manner, may or may not be obvious; in other words, it

(disease) is merely an abstract term, by which we signify certain phenomena, without any reference to their immediate origin."

Hence it may be seen, that he calls certain collections of symptoms, known by some definite name, a disease, and means by a "proximate cause," such a morbid condition of the body, as immediately gives rise to them.

He then goes on to detail the predisposing causes of disease, under the head of age, sex, temperament, idiosyncrasy, and habit of body, including, or considering under the last head, climate and season, diet, &c. To pass these, not because they are not ably treated, but because our space hurries us on, we cannot refrain from quoting some remarks on habit, which seem somewhat novel to us, and may appear rather startling to a certain class of philosophers with which our country abounds.

After saying that much that has been advanced on diet, habit of life, circumstances, &c., which is but little better than cant, and though salubrity of situation and free air, adaptation of our clothing to the weather, &c., is conducive to our well-being, still their influence "has been perhaps considerably overrated," he continues,—

"To man, the creature of habit, it can hardly be affirmed that one state is more congenial than another. He, alone, of all animated nature, is found in every climate, and in every condition, from that of the most laborious penury, to the most luxurious ease, and feeding by turns, upon everything that comes in his way. Habit is his nature, and whatever may have been at first either deleterious or beneficial, becomes by use, comparatively inert; and if he cannot by any care rise much above his nature, he does not in ordinary circumstances, sink much below it.*

* "It is indeed highly amusing to notice the great attention with which some persons regard the veriest trifles in the case of themselves, and the hopes which they entertain of the vast advantages to be derived from strict constancy in some particular style of self-management. Thus, one man is perfectly persuaded he could not possibly exist anywhere except exactly where he happens to find himself; another, that he should certainly die in a month, if he took more or less than two glasses of wine a day; and a third, that precisely an hour and a half's daily exercise is just what he has occasion for; while a fourth religiously abstains (like Boileau), from sitting near the fire, lest he should dry up his radical moisture.

"But for all this, it is written, 'Man is not made to last for ever;' the very care to preserve health, is not unfrequently, by increasing susceptibility, the indirect cause of disease. The more rigid has been the observance of regimen, the more

“In reference to these remarks, they must be distinctly understood to be confined to the healthy body, and to the possibility of effecting, by such systems of training, any permanent change in the constitution, and must by no means be extended to cases of sickness, and to the possibility of producing by diet and regimen, the temporary changes in which the return to health consists. The application of the hygiene will be spoken of in future; but what is here chiefly to be insisted upon, is this, that a healthy man can live his days almost anywhere and anyhow, and that by no means, nor by any instructions, can he go much beyond it.”

And, again, “Like Dr. Slop” [who evidently personates certain current philosophy] “who marveled that so many generations could have been brought into the world before the invention of his crotchet and squirt, later philosophers may perhaps admire how mankind so long existed while their sage doctrines remained unknown. But nature cannot wait for philosophers.” If she do not point to man the best of all systems of regimen, she has implanted within him a power which makes the best to which he is most accustomed; and if she do not prevent him from being raised and depressed *for a time* by many circumstances, she effectually preserves him (by the leveling influence of the same power), from undergoing any permanent alteration. Use is said to be second nature; but as was formerly of delivery in oratory, we apprehend that use is the first, the second, and the third consideration, in the habits of man, and that in all things “pliant nature is as custom forms her.” It is this that makes everything which would either retard our progress, or urge us beyond our strength, alike subservient to keeping us in a steady course, by which all attempt of man to work miracles on himself, and render him unsusceptible of disease, must be for ever frustrated, and by means of which he has at all times existed and does continue to exist the same “poor, bare-footed animal that he was originally created.”

certainly pernicious will be the slightest aberration from it; and one act of intemperance, or one accidental deviation from a settled plan, shall do more mischief to the man of rule, than repeated irregularities to the habitual rake, since what they gain in frequency, they lose in force. To a similar extent is vain the attempt any one makes to improve his own constitution; as he resolutely recedes from one source of disease, he necessarily approaches another, and if he still be content to use all quietly, as ‘nature is a glutton in nothing,’ he will probably, like other moderate livers, have his day of sickness and sorrow in the world, and when his time cometh, be called to leave it for another.”

Dr. Fletcher's theory of inflammation, characterizes and pervades the whole work.

On the theory of inflammation in its various modifications and ramifications, the most of the structure is made to rest, and around it the accessaries are made to revolve.

Assuming, then, so much importance as it does, we must hasten to bring our readers within the inner temple, for after having viewed well the vital centre, they will be more ready to examine the structure that surrounds it. In order to present the author's views as fully and concisely as we can on this point, we shall collate somewhat from some chapters preceding and succeeding his treatise on inflammation proper, as well as his statement of the theory of inflammation. And in doing this we shall, as far as possible, give his own words only. Under the head of "Irritability," we have the following characteristic view, which is preceded with much interesting discussion, which we have no room to quote.

"It was not till the time of John Brown, the vagabond and despised John Brown, that both humorism and autocraticism were entirely exploded, and that the true influence of irritability or excitability, as he called it, in giving effect to the exciting cause of disease, was pointed out. As life had been shown to consist of certain phenomena resulting from the action of certain powers upon a certain susceptibility, the balance of which constituted health, so a loss of this balance was shown, for the first time, to constitute disease; and that, without the intervention of either, any fancied loss of balance in the fluids, or any convenient '*Deus in Fabula*' in the shape of *archæus* or *aninia*, in the solids which had hitherto been in such constant requisition. 'Health and disease,' says John Brown, 'are the same state, depending on the same cause, that is, excitement varying only in degree,' a sentence which should be indelibly impressed on the minds of pathologists, since it inculcates, in a few words, a principle, to which all the simplicity and all the precision of modern pathology, as contrasted with the complicated and vague speculations of the ancients, is owing.

"It was John Brown who first showed, upon these principles, how opposite causes were capable of producing the same effects, by proving that all positive agents on the body, as heat, were stimulants,—in other words, operated directly by preternaturally increasing this excitement, and producing, consequently, a proportionate

collapse; whereas all negative agents, as cold, were sedatives, and in other words, operated by diminishing the usual excitement, whence arose an accumulation of excitability, and subsequently increased excitement, followed in like manner by proportionate collapse. Brown was wrong in considering his excitability as imparted to every man in a certain proportion at birth, and not rather continually renewed; he was wrong in making it in every part of the body of the same nature, and not everywhere different; and above all, he was wrong in allowing his doctrine concerning asthenic disease, including most cases of inflammation and fever, to lead to the most pernicious employment of general stimuli to the neglect of bloodletting in practice; and these errors, added to the ungainly person and manners and disreputable Paracelsian habits, of poor Brown, are too often held in remembrance only to be execrated, while the real merits of his theory are forgotten or undervalued."

* * * * * "It is this theory which forms the foundation, not only of those of Darwin and many others in this country, but also modified by the addition of certain positive as well as negative sedatives, of Pritanner and Wickand, in Germany, of Rasori and Tomassini, in Italy, and even, as modified by the doctrines of Borden and Bichat, of Broussais, and his extensive school in France. 'The alteration,' says M. Chaussier, almost in the words of Brown, 'the alteration of the vital forces constitutes the genera and species of all diseases, of which all the differences consist essentially in the degree, the nature, and the seat of this alteration.'"

Prefacing with this, we are more ready to give his theory of inflammation.

"Of all organic proximate causes of disease, by far the most important and frequent is *inflammation*. This morbid change consists evidently in a preternatural dilatation, by blood, of the capillary arteries, veins, and lymphiferous and chyliiferous vessel constituting the parenchymatous tissue of a certain part, produced by either, first, an increased, and afterwards, a diminished action of the vessels, or first, a diminished, and afterwards, an increased, and again, a diminished action, according as the exciting cause has been either positive and stimulant, or negative and sedative, the blood becoming accumulated in them, not because they contribute less to its propulsion (for their action in this way is perhaps unne-

cessary), but because they are less able to resist the impulse with which it reaches them, and their calibre therefore becomes increased. They probably transmit neither more nor less blood than in a state of health; but owing to the increase of calibre, it of course traverses the vessels with less than its accustomed velocity. But of this hereafter. The alternating action of the capillary vessels, as produced by either positive or negative exciting causes, has already been considered sufficiently fully, when describing the action of heat and cold in the production of disease in general, and that the effect of those, however excited, would be to give rise to all the phenomena of inflammation might, *a priori*, have been expected."

* * * * * "Cullen's opinions for a long time were almost universal. All was now referred to the state of the vessels, as it had been before to that of the fluids. Even John Hunter, who could not conceive how the increased contraction of vessels could overload them with blood, would not give up the said increased action, which he very unwarrantably assumed, consisted in an increased dilatation, owing to increased elasticity. It is astonishing how men will cling to a preconceived opinion, in spite of every evidence of its fallacy; and how persons, to this day, will still persist in speaking about increased action of some kind or other, as constituting the essence of inflammation. They cannot or will not perceive that the question is not, 'What is the state of the rest of the body?' when any considerable part is affected with inflammation, but, 'What is the state of the vessels immediately affected?' In the meantime, however, Vacca Berlinghieri, supported subsequently by the general tenets of Brown, already mentioned, and more particularly by Dr. Lubbach and Mr. Allen (in the Medical Society of Edinburgh, 1790), had inculcated the simple and satisfactory theory directly opposed to that of Cullen, that the dilatation of the capillary arteries in inflammation (always understanding by this term, its second or more permanent and obvious stage), was to be ascribed to their *diminished* action, and a consequent accumulation of blood in them, not from the preponderance in them of elasticity, as so unnecessarily and gratuitously assumed by Hunter (the supposed tendency of which was not to diminish, but to increase, their calibre), nor from an increased fluxus or fluids in general, in the old phrase, or an inordinate determination of blood, as pathologists among ourselves still express themselves, but as the natural and immediate

result of their increased calibre. This view of the matter was in 1824 ably supported by Dr. W. Phillip, who, by a series of well-conducted experiments on the fins of fishes, the web of the feet of frogs, and the intestines of rabbits, abundantly proved that, however increased might be in the first instance the action of the capillary vessels, and the flow of blood through them, that the stage of inflammation which is known by heat, pain, redness, and swelling (in other words, inflammation, properly so called), was always indicative of diminished action of the vessels, and retarded course of the blood, and consequently always greater in proportion to the weakness of the vessels operated on; and similar experiments have been made by Hastings, Black, and Gendrin, with a similar result. Dr. Thompson indeed believes, that although *in general* the vessels are contracted before they collapse (as occurs when ammonia is applied to them), they are sometimes immediately dilated (as on the application of the muriate of soda). No positive agent, however, in all probability, ever produces primarily diminished action, and the above discrepancy is easily explained by presuming that the state of collapse supervenes so rapidly as to obscure or conceal that of constriction.

“In the experiments of Phillip, Hastings, and Gendrin, the flow of blood through the inflamed vessels (as Boerlinghier had previously asserted was the case), was found to be much slower than natural; Gendrin, in particular, remarking, that ‘la sur-excitation vasculaire est bientôt survie du gonflement des vaisseaux et de la stase du sang dans leur cavités.’ (vol. ii., p. 1671.)

“Nevertheless, the bulk of blood received into these vessels being in the same proportion greater than natural, they will absolutely transmit, in any given time, precisely as much blood as in health.

“An inflamed vessel—say of 250th of an inch in diameter—with a rapidity of one-fourth of an inch in a minute, will transmit the same quantity of blood as a healthy vessel of the 500th of an inch with a rapidity of half an inch in a minute. The old notion however, of increased action somehow or other, and of increased velocity in the flow of the blood somewhere or other, continued to be frequently reiterated; and it was, probably, as influenced by these prejudices, that Dr. Thompson endeavored to show that inflammation is attended in general, indeed, by a diminished velocity of the circulation through capillary arteries of the inflame

part, but sometimes by an increased velocity; and Dr. Parry also assumed, that an increased momentum of the blood in a part was essential to local inflammation. But the former assertion appears to be inconsistent, and the latter entirely erroneous, the momentum, composed as it is of the combined quantity and velocity of the blood, being probably precisely the same, since the former is increased only in the exact ratio that the latter is diminished. Nevertheless, it is a common expression, that the *quantity* of blood transmitted through inflamed vessels is greater than through the same vessels in health; and, it has been urged, that the phenomena of permanently increased heat is sufficient to prove that it must be so. Much better evidence in favor of this might be drawn from the experiments of Lawrence, who is said to have found that the veins leading from inflamed parts poured out, in a given time, more blood than corresponding veins from healthy parts; but this has not been corroborated.

“In general, the theory of inflammation, above proposed, has been adopted without much change by British pathologists; and those of the German, French, and Italian schools are, like our own, merely modifications of Brownism, adulterated, it is true, with a good deal of the leaven of the fluxus of the determination school, the French, in particular, generally representing the dilatation of the capillary arteries as the result of an influx of blood, rather than the influx of blood as the result of the dilatation of these arteries; while, aware that such an influx cannot be ascribed to any of the commonly recognised powers of circulation, they are content to refer it to a sort of attraction exercised by the inflamed vessels. This doctrine, equally preposterous and uncalled for, has been recently supported among ourselves by Dr. Pring, who ascribes inflammation to a kind of attraction exercised by the capillary arteries upon the blood in the larger vessels leading to them, a doctrine which is merely a modification of the exploded notions of John Hunter, since, if it be not by an active dilatation of these arteries, we can form no notion of any description of attraction which they can possess.” We here pass the detail of experiments that are cited by the editors, and must refer to the book for their perusal. “A common attendant on local inflammation, as before remarked, when speaking of sympathy as an exciting cause of disease, is fever; and this morbid change consists equally, evi-

dently, in a preternatural dilatation of the capillary vessels of the whole surface of the body, produced always (at least when it arises from local inflammation) by, first, an increased and, afterwards, a diminished action of these vessels, since the immediately exciting cause of fever in this case, viz., sympathy, operates always as a stimulus. . . . Now, it must be abundantly obvious, that it is the first stage of fever, which is (as in inflammation) that of increased action, at least with regard to the extreme vessels of the surface of the body (the essential seat of the morbid change), and the second of diminished action with respect to these vessels, and this whether the exciting cause be stimulant or sedative. It is true, the increased excitement of these vessels being always attended by a diminished excitement of the rest of the body, and the diminished excitement of these vessels by an increased excitement of the rest of the body (effects for which we shall in future endeavor to account), it is difficult to divest one's self of the notion that the cold stage of fever is one of deficiency of action, and the hot stage, of increase of it; and it was this which gave occasion to Dr. Armstrong to call the three stages of continued fever (corresponding to the cold, the hot, and the sweating stage of an intermittent) by the names of the stage of oppression, that of excitement, and that of collapse, names which, it must be remembered, apply to *the state of the body in general*, and not of the capillary vessels of the surface, which, during the stage of oppression, are in a state of preternatural excitement, during that of excitement in a state of corresponding collapse, and during that of collapse in a state of reaction. 'Whenever,' says Dr. W. Phillip, 'increased temperature, swelling, and redness appear, the capillary vessels are debilitated, and prematurely distended.' Now, in the hot stage, the whole surface is effected with increased temperature, redness, and swelling. The deduction is obvious, and the analogy of fever, in every respect with inflammation, is too manifest to require further comment. In fact, inflammation and fever differ only in their seat and in their degree, the seat of inflammation anywhere and more or less circumscribed, and its degree commonly considerable; whereas, the seat of fever is always in the whole surface of the body, and its degree commonly slight. It is here, however, only meant, that the degree of inflammation in any given number of capillary vessels is commonly slight in fever, compared

to that of inflammation more properly so called ; but the number of them so affected, much more than compensates for the slightness of the inflammation of each, and the constitutional affection is, of course, greater in proportion.

“With respect to local inflammation, the *first stage* of it, or that corresponding to the cold stage of fever, is, in general, so little remarkable, as to have acquired no particular name (the real latent stage); and it is, accordingly, to the second stage alone, or that corresponding to the hot stage of fever, and indicated by swelling, redness, heat, and pain, that the term inflammation is commonly applied; and it is to this stage that the term is intended to be confined, as often as we say that inflammation consists in *diminished* action, since it is obvious, that in the first stage it is, like fever, a state of *increased* action. In the first stage, however, unlike fever, it usually attracts little or no notice (the preternatural contraction of a few capillary vessels giving rise to no remarkable symptoms, however remarkable may be those which attend the constriction of the capillary vessels of the whole surface of the body), so that by inflammation, in the common sense of the word, we signify the second stage alone, or that indicated by swelling, redness, heat, and pain. In this second stage of inflammation, though perhaps situated in the same system of vessels, it assumes very different characters according to the tissues affected.”

We pass the enumeration of different kinds of pain, detailed as arising from inflammation of different tissues, natural and preternatural, and take the consideration of the “third stage—Resolution.” “Now, in the second stage of the complaint, whether of inflammation or fever, it frequently happens that the inflamed vessels, having wholly recovered their irritability, return more or less speedily to their natural state ; but the new irritation—for natural irritation is now new irritation—being conveyed by sympathy to some distant organ, sometimes excites there a sympathetic irritation, rapidly followed by collapse, and going on frequently to a degree of reaction, from which results some increased discharge, called critical, though it is to be *considered as a consequence and an indication*, rather than a cause of the termination of the primary inflammation. Such increased discharges from distant parts, on the termination of any local inflammation, seem to be quite analogous to the increased secretion of milk from the contraction of the

uterus after parturition, and consists principally of liquid stools, larteritious urine, sweat, or blood, and it is this which is called the termination of such complaints in resolution.

“Sometimes, however, the collapse of the vessels secondarily affected is not followed by such rapid reaction as to produce discharges, but the vessels remaining in their dilated state constitute a more or less violent sympathetic inflammation. It is this which is known in medicine under the name of metastasis. The termination of inflammation and fevers, by what is called resolution, and the increased discharge from a distant part, which usually attend such a termination, have been noticed from the most ancient times; and it was from observing these increased discharges (to which they attributed the termination of the primary disease, instead of regarding them as its consequence), that the earlier physicians had recourse to the remedies called revulsives, the operation of which will be more fully considered in future.”*

We shall endeavor to complete the picture of inflammation by giving Dr. Fletcher’s view of the action of medicines in the cure of it, quoting from a chapter on Therapeutics. Of Revulsives, he says: “The doctrine of revulsives is as old as Hippocrates, and the attempt to cure inflammation and other diseases, by promoting evacuations from distant organs, was founded on the observation of

* “The critical discharges, as they are called, were attributed by the humoral pathologist to a translation of the morbid matter lately alluded to as the primary cause of inflammation, which, when it passed off by some of the outlets of the body, there was, of course, an end to the matter. They could not avoid noticing, however, that in the case of metastasis there was no discharge, and yet the primary disease ceased, and hence a new ‘Deus in fabula’ was to be called in the person of ‘counter-irritation;’ and it became established as an axiom, that the body could not bear two irritations at once, so if a new one was by any means introduced, the old always retired. This did tolerably well as long as inflammation was looked on as consisting in *increased* action or irritation, and to be curable by diminishing it; but if it was tenable while this was the notion, it is manifestly untenable now that we know so much better. To this subject we shall have occasion to recur in future, under the head of revulsive remedies.

“If inflammation be diminished irritation, the cessation of it must imply that the irritation is increased; and it is consistent with all we know of the nature of irritation, to believe it may be translated by sympathy, as it were, from one organ to another; and that the effects of this translation would, in these instances, have been such as has been described, might reasonably have been inferred.”

critical discharges, by which such diseases seem to be frequently suddenly resolved, or which, at least, attend their resolution. Of course, the benefit derived from the practice was at first explained upon the idea of a translation of a peccant matter, or of the fluids called into play to expel it; but, as it was soon noticed that remedies called revulsives frequently produced equally good effects, although unattended with any discharge, it became necessary to establish it as law,—that two morbid impressions could not subsist together in the same body, so that a secondary and stronger one being promoted, the primary or weaker one necessarily ceased.

* * * This assertion, gratuitous as it certainly is with regard to irritability, which has many seats, however well founded it may be as to sensibility, which has but one seat, has been since received almost *nem. con.* as an axiom; and so long as inflammation—to take this as *instar omnium*—was considered to consist of increased action in the part affected, it was no doubt an extremely convenient one, and, together with that of the increased discharges, or what amounts to the same thing, the new “determinations of the blood,” have furnished the chief modern explanations. But inflammation is at present generally understood to consist not in increased but in diminished action, so that our explanation of the benefit derived from revulsive remedies must be, *toto cælo*, different, and, as before observed, must be founded on the presumption that they communicate, and do not abstract a stimulus. This doctrine, however staggering it may be found, as opposed to preconceived opinion, is perfectly reconcilable with every unprejudicial view of the question, and either must be adopted or the whole modern theory of inflammation be entirely abandoned. In speaking of the termination of inflammation by resolution, it was described as depending on a spontaneous, more or less sudden, return of the inflamed vessels to their state of healthy irritation, which, acting now as a new stimulus by sympathy upon certain vessels at a distance, produced, at first, increased irritation in them also, which irritation, being in them preternatural, is followed sometimes by a more or less perfect collapse (whence arises metastasis, or a new inflammation); at other parts, first by collapse, and this speedily followed by increased secretion (whence arises critical discharges). Metastasis and critical discharges, then, are the consequences, not the cause of the termination of the inflammation, or the re-establish-

ment of the natural irritation; but when, during any primary inflammation, or the want of this natural irritation in one part, we excite such an irritation as is necessary to produce elsewhere either another inflammation or its consequences, this new irritation, extended by sympathy to the original seat of disease, brings it not *beyond* but up to the line of health, and recovery is the consequence. Nor is it in inflammation alone that we use revulsive medicines, but in functional diseases of diminished action, as asthma, syncope, dyspepsia, amaurosis, nervous apoplexy, local palsy, &c., when their beneficial operation can be explained only by presuming them to be not abstractors, but communicators of irritation. It is true, here the diminished action of distant organs seems to arise from the diminution of the stimulus of the brain, and this implies a constriction, not a relaxation, of the capillary arteries of the gray matter; but this relaxation can be effected only by inducing previously a still further constriction of these arteries, to such a degree as is incompatible with its long continuance, so that in these cases also the action of revulsion must be at least primarily decidedly stimulant; and with respect to inflammation, what, in fact, must be the only two principles on which we can, with any degree of reason, administer medicines at all, consisting, as this affection does, in a loss of balance between the weight to be moved and the moving power? Must they not be either to diminish the former, or to increase the latter? or (as is usually done) to effect both ends together? If a horse is unable, with the ordinary exertion, to move under the load imposed upon him, there are but two means of getting him forward, that of removing a part of the load, which may be by itself sufficient, and that of stimulating him to greater exertion, which may likewise be alone sufficient; but each will be more effectual, of course, if combined with the other.

“The same is the case with the capillary vessels in a state of inflammation; we diminish the load of blood by bloodletting, general and local, and if this will not do, *per se*, or even without this, sometimes, we stimulate the vessels to contract upon their contents, and the inflammation subsides.* It is absurd, then, to continue to

* “It is remarked by John Hunter, ‘if we had medicines which were endowed with the power of making the capillary vessels contract, such, I apprehend, would be the proper medicines in inflammation,’ and such, we feel satisfied, are the medicines called revulsives.”

talk of counter-irritation, in the sense, at least, in which the word is generally used, to signify the withdrawing an irritation from an inflamed part, by exciting an irritation in another.

There is no known law in the animal economy which justifies us in supposing that such is ever the case, and if it were, the remedy would infallibly increase, instead of alleviating a disease consisting already in a state of minor irritation. But independently of all theory on the subject, what are the conclusions to be drawn from every-day experience? When the seat of the inflammation is one to which we can immediately apply our medicines, as in cynanche tonsillaris, gonorrhœa, ophthalmia, and skin diseases, are the most effective gargles, injections, collyria, &c., usually such as excite, or such as depress? and are the other direct remedies to which we have recourse with the greatest benefit in deep-seated inflammations, such as heat, electricity, acupuncture, &c., of a stimulant or sedative character? Now is it not absurd, when we *see* that the *direct* remedies of inflammation are always such as communicate, not withdraw, irritation, to continue to *presume* that the *indirect* remedies, or reputed revulsives, such as emetics, purgatives, diuretics, errhines, sialagogues, diaphoretics, and in particular epispastics, are such as to withdraw, not communicate it? They all obviously act in the same way, and the effect of each class of revulsives, in bringing the action of the dilated capillary vessels of each organ up to the line of health, will of course be great or inconsiderable, in proportion as the specific character of the new irritation is well or ill adapted to the specific irritability of these vessels, and as the sympathy which subsists between the organ to which the revulsive remedy is applied, and the seat of the primary irritation, is intimate or the reverse.

Now, from what has been said, it must follow that almost any remedy, whether direct or indirect, which is competent to remove, not only inflammation, but most other diseases of diminished action, when they already exist, must be very apt to produce such diseases when they do not, the only difference consisting in this, that the irritation they occasion is in the former case healthy, and in the latter morbid; and if these views be adopted, we shall be prepared to receive, with less repugnance than some persons who are obviously incapable of appreciating it have thought proper to display, the theory proposed in 1810, by Hahnemann, under the name of

Homœopathy. Contrary to the antipathic dogma of Hippocrates, and almost all former writers, '*contraria contrariis*,' the Homœopathic axiom is, that '*similia similibus curantur*;' and as in former times cold was regarded as the best remedy for the ills produced by heat, so, according to the Homœopathist, heat is the best remedy for all the ills which heat occasions. * * * *

* * * With respect to diarrhœa, piles, gonorrhœa, catarrh of the bladder, diaphoresis, intermittent fever, laryngitis, iritis, ptyalism, and burns, the essence of all is inflammation; and how readily the same substance which at one time may produce, at another may cure it, will easily be perceived. It is unnecessary to speak of the action in producing and curing the same disease, of those substances which act *directly*; but let us take, as somewhat less obvious, that of some indirect agent in the same way, as that of mercury, one of the most generally admitted among the above-mentioned examples, in at one time producing and at another curing iritis. In the healthy state of the capillary vessels of the iritis, their calibre is natural, because the stimulus acting on their irritability is neither deficient nor excessive; but the irritation produced in certain parts of the body by mercury is a new stimulus, sufficiently adapted to the irritability of these vessels (in common with many other organs), so that, conveyed to these by sympathy, it excites there a secondary inordinate irritation or contraction, followed sooner or later by a proportionate collapse in which the inflammation consists. Now what substance should we, *à priori*, conceive would be best adapted to bring up the vessels to their ordinary degree of contraction, and thus to discuss the inflammation? Any revulsive remedy (as we cannot get at the part directly), may be presumed capable of doing this to a greater or less degree; but unquestionably that will be the most efficacious which has already evinced a specific power of exciting in one part such an irritation, as, conveyed by sympathy to the vessels of the iris, could excite them to inflammation, and which, as it produced, while they were healthy, a preternaturally increased action, followed of course by collapse, will, now that they are acting below par, bring this action to a healthy standard, from which they will have no tendency afterwards to recede. Hahnemann is quite aware of this two-fold action of medicines, and it is to insure their primary, without fear of their secondary action, that he inculcates the expediency of

giving them in inconceivably small doses. But it is absurd to say, as he at the same time does, that medicines in such doses operate by producing a stronger impression than that produced by the disease. They cure it not by the *stronger* but by the *opposite* impression which they make, so that homœopathic medicines, after all, operate on the antipathic principle. If we choose to represent the ordinary irritation of the vessels of the iris by a longitudinal line, say an inch high, it is easy to conceive certain substances capable of raising it to an inch and a half; but this height, as it cannot be maintained, after a time is reduced spontaneously through double the space it has been raised, *i. e.* falls as much below an inch as it had been raised above it, or to half an inch; and what are the substances now called upon to effect, but what they effected at first, namely, to raise the line of action half an inch, the result of which is now health, as it was before disease? We must remember that it is in the secondary or depressing effects of exciting causes in general, that inflammatory diseases, at the time we are called upon to treat them, consists; and there is nothing absurd, but, on the contrary, everything reasonable in the presumption that the same exciting cause, in such a manner, or at such a time, applied so as to insure their primary or exciting effects will act as the best remedies for those diseases which, under other circumstances, they may have occasioned.

And what is true of the inflammatory diseases, is equally so of those functional disorders which have been above enumerated, delirium tremens, local palsy, nervous apoplexy, amaurosis, &c., with this difference, that it is in the primary action of the exciting cause that the disease now consists, and by the secondary that it is removed. Let us take, for example, Currie's experiments on rabbits; electricity binds up the capillary arteries of the gray matter, and the influence of the brain is cut off; but the constriction, though it would sooner or later be followed by collapse, may, from being moderate, last for considerable time. What then does a repetition of the same cause produce? Why it binds up the vessels to a degree which is incompatible with this state; collapse instantly follows, and healthy action is the result."

We make no apology for introducing in this place a summary of Dr. Fletcher's opinion of Hahnemann and Homœopathy, with which this chapter on Therapeutics closes. "It [Homœopathy] is

quite undeserving, however, in general, of the would-be wit and ridicule which some worthies have thought proper to discharge upon it. Hahnemann is strong in his unqualified censure of the antipathic remedies; the only difference between which and the Homœopathic is, that the former, in general, do good indirectly, the latter directly; but both are, in fact, antipathic, as far as they do good at all. He is wrong, also, in his general explanations of the benefit derived from the latter, and he is frivolous in the extreme in the host of symptoms which he enumerates as excited by each individual medicine (495 for Chamomile flowers), and in the minuteness of the dose which he inculcates (octillionth of a drop of the tincture of colocynth); but even this is not so palpably absurd as some persons have chosen to represent it, since we all know that very violent effects frequently result from even a smaller dose of musk and other perfumes; and, upon the whole, Hahnemann's book is an original and interesting one, and displays more reflection in every page than many of his decriers will evince in the whole course of their life and conduct for a half century."

We have thus far traced Dr. Fletcher's theory of inflammation through its various phases. The experiments, with regard to the appearances of capillary vessels, in which irritation or inflammation have been induced by the application of certain stimuli, are detailed to considerable length by the editors. It is from these experiments that Dr. Fletcher adduces the theory of inflammation. He proceeds step by step from the phenomena which diseased action displays, till the whole facts are included in one generalization; and this generalization leads him in the end to the support of the law "*similia similibus curantur*." This is the more interesting, when we consider that Hahnemann started from a different field, and from different premises. Hahnemann's point of observation and deduction was from the facts of the production and cure of a disease by the same drug. But here we see Dr. Fletcher's theory of inflammation, and Hahnemann's of the action of medicine, culminating at the same point, and, of course, each in some degree tending to support the other. Not that each is not capable of being supported or refuted by its own appropriate evidence, but if we find Dr. Fletcher's theory of inflammation as well supported by facts as we think we have the axiom of Hahnemann, then, indeed, they will form an arch that will be well nigh imperishable.

As we said in the beginning, on Dr. Fletcher's theory of inflammation the whole structure of the work is made to rest. All the various increased secretions, abnormal in their nature or place of appearance, are referred to this head, as well as hypertrophies and abnormal growths. A glimpse of this view may be gathered from the following:—"Should the revival of the irritability of the vessels, primarily affected with inflammation or fever, be less perfect than takes place in resolution, as the secretions from the capillary arteries are always, *cæteris paribus*, greater in proportion to the quantity of blood which they contain, it will necessarily follow that, as they slowly recover their irritability after either inflammation or fever, there must be a greater than usual deposition of matter, either natural or preternatural, from these arteries, which increased deposition may be considered as constituting, properly speaking, the third stage of both. It is thus that inflammation may give rise to the formation (when the increased deposition is of the cellular tissue, or of almost any other) of indurations, hypertrophies, and stricture (the last from the compression of the contiguous sides of the canals); when of the mucous or other tissue lining canals, of polypi, teeth, and so forth; when of the serous, of adhesions; and when of the cartilaginous and osseous, of cartilage and bone: in all of which cases, though the quantity of the deposited matter is increased, or the deposition is in unusual places, the quality is still natural.

"But, on the other hand, the *quality* of the deposited matters is sometimes quite preternatural, and it is thus that we may explain the formation of hydatids, worms, tubercles, encephaloid tumors, melanosis, scirrhi, calculi, and other morbid depositions, many of which are susceptible in their turn of secondary inflammation and its consequences." And again (to omit the detail by which he proves the above assertions): "But, in the same manner, as inflammation may give rise, on the one hand, to the deposition of solid substances, either natural or preternatural, and either organized or otherwise, so it still more frequently occasions an increased deposition of fluids, either natural or preternatural. Among the former [latter] are fat, stool, mucilage, blood, bile, pancreatic fluid, saliva, halitus, and sebaceous fluid, in all which cases the increased *quantity* of the deposited matters is chiefly remarkable. But, on the other hand, the quality of the deposited fluid matters, as well

as the solids, is sometimes preternatural, of which nature are air and pulp," &c. "With respect to the deposition of fluid in general, or, at least, such as are natural, little hesitation is felt in referring most of such instances directly to increased secretion; but exceptions to this explanation occur in the case of an increased deposition of halitus and blood, which, like that of coagulable lymph just spoken of, as the rudiment of the solid tissues resulting from inflammation, is generally spoken of under the name of effusion, or a kind of mechanical straining of either the whole blood or some parts of it, through certain pores of the vessels. It seems to be quite time, however, that these merely mechanical views of the molecular action of the living body, whether healthy or diseased, should be once and for ever abandoned, and that neither dropsy nor hemorrhage should be any longer spoken of as the result of effusion, any more than an inordinate deposition of fat, stool, mucilage, bile, or other fluids, which are never described otherwise than as increased secretions." And, "lastly, should the irritability of the vessels be quite irrecoverably lost in inflammation, and neither of the processes above mentioned [resolution or increased secretion] take place, the consequence will be a total destruction of the vitality of the organ so affected, or what is called the termination of the inflammation by mortification," &c.

It is beyond the limit of this paper, to follow our author through all his tracings of the results of inflammation. Something of the general scope may be gathered from the foregoing quotations, but an adequate idea of the manner in which the subject is handled, can only be got from the book itself. Enough has already been adduced, to show that inflammation is made to underlie the whole range of organic disease; and organic disease is here used in the extended sense that Dr. Fletcher uses it in his chart of "Physiological Classification of Disease."

Functional disease, according to this chart, only includes increased, perturbed, and diminished action. We think his classifications are in the main correct, and will be of much service in dissipating many, very many errors and absurdities of the past; in emancipating the medical mind from much absurd servitude to false doctrine, and that we should welcome the work with thankful hearts. Still we would not pay Dr. Fletcher's last legacy to us any blind worship. There are parts of the work where science has

made advance since 1842, such as to call for quite different conclusions from those we find in the text. And again his generalizations are sometimes too sweeping and cover too much ground, though perhaps true in their essential features. As in his theory of the formation of hydatids, worms, parasites, &c., from the organizable lymph which is the result of inflammation, we see that the hypothesis is in the main so conclusive as to commend itself to the judgment. In the same category are classed the *acarus scabei*. Now, however these animalculæ may have originated in the first instance, or whether certain conditions of the system may at any time originate them or not, does not seem to me of as much practical importance as the question whether psora is the cause or the result of the presence of these animalculæ in the cuticle. All recent and well-credited authority (and this precisely accords with our experience), goes to show the acaries to be the cause of psora, the translation of which is necessary to the communication of the disease; and no one can plant a colony of them under the cuticle and escape the disease, while the disease is very difficult to cure if these gentry are left undisturbed. It is apparent that worms and hydatids cannot be transplanted from one to another in the same way; still their presence is sometimes, like many other products of inflammation, "the cause of secondary inflammation and its consequences."

That many parts of the work of Dr. Fletcher would have been improved and advanced with the yearly accumulation of facts, no one can doubt, but we are struck with the keen foresight with which, in some instances, modern discoveries have been anticipated, or rather with the accuracy of his opinions as deduced from limited data, which the subsequent and abundant accumulation of facts have verified. As illustrating this point, we may refer to Dr. Fletcher's opinion of the cause of the excess of fibrin in the blood in some diseases, and its deficiency in others, to be the enlargement of the capillary arteries in the former case, and of the capillary veins in the latter. Professor Henderson (British Journal, vol. 7, p. 294), in a long and able article, reviews the various opinions of the cause of the change of the proportion of fibrin in the blood, and concludes, "that this influence" (that is of the surrounding solids) "is direct and *vital*, in the sense of being the effect of a change in the force of the living solids which govern the processes that occur in the blood, may be shown to be the most probable doctrine, although it is not that which suits the chemical pathology

of the day." Still, Dr. Fletcher's opinions with regard to the changes in the blood should now, in some respect, take some amendations. He attributes *diabetes mellitis* to an inflammatory action of the kidneys, and denies that sugar is found in the blood. Recent observers have shown it to be present in the blood, so the kidneys only excrete it; and Professor Henderson is of opinion that it is found in the blood because of a deficiency or derangement of the nervous power, that causes the consumption of the saccharine matters which enter the circulation from the food.

And again, the changes in the blood in various forms of disease, though considerably detailed by the editors, in a note, are not as full as the present state of Pathology demands.

The whole chapter on auscultation of the lungs, and the portion of the chapter on the circulating system which treats of auscultation of the heart, is added by the editors, they having taken it, as they say in a note, from Dr. Skoda's work on this subject.

It is beyond our power and design to go through the whole work, sifting the wheat from the chaff; showing to what extent each principle is true, false, or defective. Neither do we hope to more than call attention to its beauties and real merits; for a full understanding, or an adequate idea of this last production of the lamented Fletcher, can only be got from the book itself. In this feeble tribute to his memory and genius, we only hope, while paying homage to one of the most original and philosophical minds that has of late labored to improve the science of medicine, to bring this work more fully to the attention of the medical profession. If we can do this; if we can induce those of our brethren into whose hands this work has not yet come, to procure it; and especially if we can be instrumental in calling the attention of our younger friends and students to its mines of philosophical thought, we shall be more than repaid for our labor.

We think we should see in this result omens of a new era in medicine; for we apprehend that this work contains just the material, by which much of the absurdity, false principles, and accumulated rubbish of ages, is to be swept away. Much of the antiquated and decrepid doctrine of humorism and vitiated secretion, receives its throttling grip under Dr. Fletcher's vigorous hands; and while he opens to our minds a more philosophical view of the phenomena of diseased action, in doing so he only incites us to a more thorough investigation of the field to which we are introduced.

PROCEEDINGS OF THE AMERICAN INSTITUTE
OF HOMŒOPATHY.

THE American Institute of Homœopathy commenced its tenth annual session in Cleveland, Ohio, on June 8th, 1853. The meeting was called to order at 10 o'clock, A.M., by the general Secretary, William A. Gardiner, M.D. The members of the Institute were welcomed by the Ohio College of Homœopathic Physicians, through their representative, H. P. Gatchell, M.D., who made an eloquent and appropriate address, which met with a hearty response from the members of the Institute.

The meeting was well attended, although there was quite a small representation from Western and Middle New York State. About fifty physicians answered to their names when the roll of members' names were called.

Richard Gardiner, M.D., of Philadelphia, was elected Chairman, who, upon assuming the duties, acknowledged the honor conferred upon him, in selecting him to preside over their deliberations.

The chairman announced the names of John Redman Coxe, M.D., of Philadelphia, J. P. Dake, M.D., of Pittsburg, G. W. Bigler, M.D., of Cincinnati, Lewis Dodge, M.D., of Cleveland, and S. B. Barlow, M.D., of New York, as the Board of Censors, on election of new members.

G. W. Swazey, M.D., J. G. Loomis, M.D., F. R. M'Manus, M.D., C. D. Williams, M.D., and J. H. Pulte, M.D., were appointed to audit the Treasurer's account.

The Committee on Blisters was called, reported progress through the chairman, E. Bayard, M.D., and was continued.

The Committee on the translation of the *Materia Medica* was called, but did not report. By a motion they were excused from the further consideration of the subject.

The Committee on Cholera reported progress, through their chairman, S. B. Barlow, M.D., and were continued.

F. R. M'Manus, M.D., offered the following resolution, which was adopted:—

Resolved, The members of the Institute who shall sign the certificate of an applicant for membership, shall state upon the certificate the name of the medical college of which such applicant shall have graduated.

AFTERNOON SESSION, 4 O'CLOCK.

The Board of Censors reporting the following names of gentlemen, who, having complied with the laws of the Institute, were elected members.

William Caine, M.D., Ravenna, Ohio.
J. T. Talbot, M.D., Boston.
N. H. Warner, M.D., Buffalo.
John Tift, M.D., Norwalk, Ohio.
Jehu Brainerd, M.D., Cleveland.
F. W. Skiles, M.D., Cleveland.
A. F. Bissell, M.D., Toledo, Ohio.
A. Whipple, M.D., Cincinnati.
A. Walker, M.D., Pontiac.
A. R. Burritt, M.D., Cleveland.
A. S. Wright, M. D., Chicago.
H. C. Angell, M.D., Providence.
B. C. Macy, M.D., Elyria, Ohio.
Calvin Starr, M.D., Springfield, Ohio.
J. M. Parks, M.D., Cincinnati.
J. M. Johnson, M.D., Dover, Kentucky.
J. N. Wheat, M.D., Oberlin, Ohio.
J. H. Coulter, M.D., Columbus.
W. H. Hanford, M.D., Williamsburg, Long Island.
W. T. Helmuth, M.D., Philadelphia.
Ross M. Wilkinson, M.D., Philadelphia.
J. B. Stretch, M.D., Salem, New Jersey.
J. P. Paine, M.D., Dedham, Massachusetts.
Moses Anderson, M.D., New York.
Jesse Garretson, M.D., Cincinnati.
F. R. Moore, M.D., Pittsburg.
A. O. Blair, M.D., Columbus, Ohio.
E. W. Coules, M.D., Cleveland.
G. W. Barnes, M.D., "
M. Y. Turrill, M.D., "
J. B. Hutchinson, M.D., Madison, Indiana.
B. F. Joslin, Jr., M.D., New York.
R. Titsworth, M.D., Plainfield, New Jersey.

The Committee on Small-Pox and the prophylactic virtues of vaccination, made an elaborate report; but as the report has not yet come into our possession for publication, we are prevented from

offering it in the present connexion. The report, however, elicited an interesting discussion, which was participated in by Drs. Williamson, R. Gardiner, Gregg, Warner, Coxe, M'Manus, Bayard, Williams, Turrill, Coulter, and others.

EVENING SESSION, 8 O'CLOCK.

Convened in Pulte's National Hall, Bank Street, to hear the address of Edward Bayard, M.D., of New York. The gentleman gave a learned and interesting address to a large assemblage of ladies and gentlemen. He paid a just tribute to the memory of the illustrious Hahnemann, who first made known to the profession the Homœopathic law. He also contended for the universal application of it in the treatment of disease, and urged, in an eloquent manner, the necessity for its votaries to use active and continued endeavors to develop its resources. We hope to be able to offer this address in the next number of the Journal.

MORNING SESSION, 9 O'CLOCK.

The Homœopathic Society of Philadelphia offered the following report:—

TO THE AMERICAN INSTITUTE OF HOMŒOPATHY:

The Philadelphia Homœopathic Medical Society, desirous of sustaining a relation to your honorable body, respectfully submit a report of its organization and purposes, as a part of the general body of Homœopathic physicians in the United States.

This Society was instituted shortly after the last annual meeting of the Institute, and is composed exclusively of Homœopathic physicians who are regularly educated graduates of medicine.

The object for which the Society was instituted, was to promote the interests and improvement of the Homœopathic profession—to promote the right kind of research into the different branches of science connected with the duties of the physician, and to render mutual aid in the acquirement of knowledge.

The Constitution of the Society provides for monthly stated meetings, and the duty of furnishing an essay or monograph upon some medical, hygienic, surgical, or other subject connected with the interests of the profession, is enjoined upon each of the members, and said duty is to be performed at least once in every year.

The Society numbers about thirty members, only about one-half of the number of Homœopathic physicians residing in Philadelphia City and County, and for the purpose of better carrying out its purposes and intentions, it has a standing committee on the *Materia Medica*, whose duty it is not only to provide for the proving of new remedies, but to promote the reproof of many that now occupy a place in our *Matéria Medica*, and moreover, to take into consideration everything that pertains to the history, mode of preparing, and the uses of medicinal agents.

The Society has also a standing committee on Pathology, whose duty consists in acquiring a knowledge of the natural history of diseases common to our climate, and to contrast, as definitely as possible, their physiology with that of the healthy or normal condition.

Special committees, for the consideration of specific subjects, have also been appointed, some of which have already made partial reports to the Society. A committee has been appointed to make researches into the pathological character of the various grades of intermittent fever, and to acquire as extensive information as possible with regard to the hygienic rules to be observed, and the remedies to be employed in effecting, in the most successful manner, their radical cure. In furtherance of the object of this committee, any information that can be communicated to them from any members of the Institute, residing in any part of the United States, will be thankfully received.

The proceedings of the Society thus far have not been void of interest. Essays have been read before the Society, by several of its members, upon therapeutic, medical, and pathological subjects, and it is both hoped and predicted that the usefulness of the Society will hereafter become fully manifest, in the accomplishment of important objects for the benefit of the profession.

In view of accomplishing the greatest good for the profession by honorable and associated action, the Homœopathic Medical Society of Philadelphia is very desirous of promoting the interests of the American Institute, and in order that some idea may be cherished of the grand use such an honorable body may accomplish, she would respectfully call its attention to the object for which it was established, viz., "*The Improvement of the Science of Medicine.*" That such a noble use may be accomplished, the mode and manner of procedure should be definitely pointed out. The Philadelphia Society would therefore urge upon the Institute the necessity of a more effectual organization, and an increase of committees charged with specific duties.

It would suggest that the members of committees should be so situated as to be able to communicate readily with each other.

It would urge, 1st. That a committee of three, residing in the same

neighborhood, should be charged with the specific duty of acquiring all the definite information possible, with regard to the pathological history, description, and treatment of the diseases of the respiratory organs, and the hygienic rules to be observed in the management of these affections; said committee to report at the next meeting of the Institute.

2d. That a committee of three be appointed, charged with the duty of investigating the nature of the diseases incident to the abdominal organs, their nature, history, and treatment; said committee to report at the next meeting of the Institute.

3d. That a committee of three be appointed to investigate the nature, character, and treatment of diseases impairing the secretory organs, and to report at the next meeting of the Institute.

4th. That a committee of three be appointed, charged with the specific duty of acquiring knowledge concerning the exanthematous diseases in their acute and simple form, and also of their complication with any chronic difficulties that may have been latent in the system, together with the treatment and hygienic rules to be observed in the successful management of each.

5th. That a committee of three be charged with the duty of investigating the nature, character, and treatment of diseases of the nervous centres. Committee to report at the next meeting of the Institute.

Numerous other committees might be appointed, each charged with some specific duty. One might be appointed on epidemics, one on diseases of the skin, &c.

By pursuing this course, a volume of valuable information might accumulate every year, and then the Institute might regard itself a living body, composed of different organs, each of which might perform its specific function for the good of the whole. A mere coming together once a year, without being able to put forth a volume of proceedings of practical and scientific character for the benefit of the profession, is time spent in vain, —a mere failure, to be looked back upon with regret by the friends of our cause, and chuckled over by our enemies, as evincing lukewarmness and inability in a cause for which we have professed so high a veneration.

Respectfully submitted on behalf of the Society.

WM. A. GARDINER, M.D.,	} Committee.
A. E. SMALL, M.D.,	
W. P. ESREY, M.D.,	

Isaac Colby, M.D., of Salem, Mass., reported the following case of Traumatic Tetanus, cured by the application of cold water :

Jan. 1853.—William Horton, aged twenty-two, received an injury by a nail projecting from a timber, by which a deep lacerated wound was made between the metacarpal bones of the third and fourth fingers of the left hand, nearly through the hand. A few drops of dark-colored blood flowed out, and the pain for a few minutes was intense. When it abated he was faint and dizzy, but recovered so as to eat his dinner. After dinner a blindness came over him, he felt sick, and vomited, and lost the power of locomotion—seemed to be paralyzed. Spasms then commenced in the pit of the stomach, and soon spread all over him, at first remittent, returning once in two or three minutes, and attended with vomiting. The injury occurred at 12 M. I saw him four or five hours after, in company with my partner, Dr. J. G. Wood. At 6 o'clock the extensor muscles of the whole body had become rigidly contracted, so that he formed a semicircle, and when on his back rested only on the heels and head, and his sufferings appeared exceedingly great. At this stage, seeing the disease was progressing with such fearful rapidity, I thought it not proper to spend much time in administering ordinary remedies, especially as I had one at hand of such undoubted efficiency, as I knew cold water to be. I had him immediately placed in a position to receive as much of the water in tubs as could conveniently be done, but, considering the urgency of the case, was not very particular about that. I commenced pouring all over him water of a temperature near that of a freezing point, from a pitcher, at the rate of a bucketful every five minutes, and continued it half an hour. Then I wiped him with a towel, wrapped him in blankets, put him in bed with a great amount of covering, and let him remain there two or three hours, till reaction and free perspiration took place. Then he was sponged all over in cold water.

When I had poured the water on him about twenty minutes, and he had begun to be very cold, he felt the spasms evidently give way, first, in the least affected side, and then, in a few minutes, in the half of the body that had received the injury, and the pain abated, and the limbs became flexible. But, to make the cure certain, I continued the pouring a short time after he was relieved, till he shook violently all over with the cold.

After the reaction had taken place, and he had been sponged with cold water to carry off the superfluous heat, a soreness of all the muscles remained, with violent headache, and he could not endure any motion or noise for several days, and could not be raised from his bed for more than a week, but, by the application of appropriate remedies, under the care of

Dr. Wood, he gradually recovered without any symptoms of a return of the spasms.

The application of cold water in this manner, is not technically Hydropathy. It is simply a sudden reduction of temperature by means of an agency acting on the Homœopathic law of cure, with an energy and power to which no other known remedy can approach. And it meets a more extensive range of diseases than any other remedy, because it has the leading foundation symptoms of diseased action,—which is a sensation of cold.

When the vital organism is assailed by any hurtful cause, the first manifestation is a sense of coldness or shivering, more or less perceptible. This is so uniform, it may be considered the first symptom of an abnormal state. And when the vital power is not too much overcome, the cold is followed by heat, and this generally by perspiration. This constitutes the essential type of disease, and shows the natural movement of the animal economy when assailed by any hurtful agency, and points out the true mode of cure. The cold stage is the leading symptom consequent on the exciting cause, and the heat and perspiration may be but a salutary action to throw off the attack. Often it is successful, and one paroxysm terminates the disease. The reason why every attack is not thus speedily terminated, is because the power of reaction is not always sufficient of itself to throw it off. Here we need an agent that will powerfully impress the whole organism, and put it in a pathological condition analogous to that which constitutes the main features of the disease, and in a manner that will secure a certain and energetic reaction. The reduction of temperature, by the application of cold water, is precisely this agency.

I have made a great many experiments, by this reduction of temperature, during the last four years. I place the patient in a large tub, either seated, with the feet in another tub, or standing on a stool to keep the feet out of water, without covering, or with a sheet about the shoulders, as circumstances require, and pour the water from a pitcher upon the head and shoulders, letting it run down the body at the rate of a bucket-full every five minutes, till the patient shakes violently with cold, which takes from twenty minutes to three-quarters of an hour, according to the temperature of the water. Then wipe and wrap in a blanket, and cover in bed till reaction and free perspiration takes place, which requires from two to four hours. Then sponge in cold water to carry off the superfluous heat, and put on ordinary covering. In this way I am sure I have treated more than a hundred cases during the last four years. I now know what results I can depend on with great certainty. This remedy is far more effectual in the early stage, while it remains but a functional disease.

It is the true Homœopathic remedy for all spasms. Intense cold always causes rigidity of the muscles. In tetanus it can never fail to cure. In this case I had no doubt of its success, and had decided to continue to pour the water till the spasms gave way.

A person may remain very cold for a long time, without any danger to life, if rightly treated. I would rather keep a patient pulseless and senseless three weeks, by the application of cold, than have them die with this disease. I have in several cases of other diseases, continued to pour cold water till after the pulse ceased in the wrist, and till the patient was so stiff he could not rise from the seat. In this case, if the spasms had returned, I should have applied it again more thoroughly than before.

Again, there is trembling where a person has become very cold. It is, therefore, the remedy for clonic spasms. Can a person tremble with any other spasms, when he is shaking tremendously with cold? I have applied it in many cases of spasms in children, some of which are reported in the second volume of the Quarterly Journal of Homœopathy. It never fails to stop them. But when they depend on organic lesions, when the patient gets warm, they may return again. It is adapted to all acute diseases when applied in the early stage. I believe there is a period in every fever when one application of cold water, as described above, would effectually stop its progress, and the patient would be immediately as well as before the attack. I have had much experience on this point. But too often this period has passed by before the physician is called.

In the Asiatic cholera, I think it cannot fail of adaptation. It is the means of conducting the patient through the same pathological stages which constitute the essential characteristics of the disease, with the certainty of a successful, healthy reaction. I should expect it would cure every case if seasonably applied.

This remedy is capable of doing, in many cases, what all other remedies would fail to accomplish, and is safe in its application, but is too formidable for extensive use.

ISAAC COLBY.

SALEM, MASS., June 2d, 1853.

The New York Homœopathic Society made their report, but as the most interesting part of the report referred to the Homœopathic treatment of the Protestant Half-Orphan Asylum, of New York, and has already been published in the American Journal of Homœopathy, we omit inserting it here.

S. S. Guy, M.D., of Brooklyn, offered the following communication:

MEMBRANOUS CROUP TREATED WITH BROMINE.

BROOKLYN, 1853.

On the 29th of January, I was called at 4 o'clock, A. M., to visit a lad four years old, who had been attended, without success, for twenty-four hours previously, by an Allopathic physician, and who now exhibited the following symptoms :

Exceedingly loud and difficult breathing, somewhat resembling the sound of sawing ; head thrown back, and neck stretched to its utmost ; nostrils collapsed, lips drawn upon the teeth, and arms thrown convulsively up at every inspiration ; deathly paleness around the nose and mouth, eyes wide open, with wild and staring look, altogether giving an expression of superlative agony. Great restlessness, and constant desire to change position ; unusual heat in every part of the body, with profuse perspiration about the head and neck ; pulse 130, and tense ; considerable thirst, but could not be induced to drink for fear of suffocation, and could with difficulty be made even to swallow the medicine. Tongue slightly coated and somewhat red at the tip and along the edges ; fauces of deep red color ; tonsils considerably enlarged, and much inflamed, exhibiting, with other portions of the mucous membrane in that region, quite large diphtheritic patches.

Prescribed *Acon.* 3, and *Spong. mar. tost.* 6, to be given in alternation every twenty to thirty minutes. At 9 o'clock, A. M., no improvement. Exhibited *Bromine*, aqueous solution, prepared impromptu, of about 2d dilution, teaspoonful every fifteen or twenty minutes. At 12 o'clock, M., rattling in throat greatly increased, and accompanied by a kind of fluttering sound ; face nearly purple, constantly tossing about in the most wild and agonizing manner ; inspiration was nearly impossible, and suffocation seemed inevitable ; presently, by an almost superhuman effort, he threw off several large pieces of well-formed, tough, and leathery membranous substance, some of which were more than two inches in length, and seemed to have been torn off by the desperate effort made to expel them.

From this time he was greatly relieved. His breathing became much easier, in fact almost natural, although at intervals of from one to three or four hours, he would have paroxysms when inspiration was very difficult. There was also almost complete aphonia. Continued *Bromine* in alternation with *Hep. sulph. calc.* at intervals of thirty, forty, and sixty minutes.

30th. 9 o'clock, A. M., had a very comfortable night ; slept at one time for two hours ; pulse 90, and rather soft ; paleness, and agonized expression ; aphonia slightly abated ; could not stand on his feet or sit

up without support. *Bromine* 3, every two hours; 6 o'clock, P. M., continues to improve; *Bromine* 3, every four hours.

31st. Still better, but very hoarse, *Hep. sulp. calc.*, every three hours. Feb. 1st. Had, during the night, two or three slight suffocating paroxysms, which, however, were of but short duration. *Samb. nig.* 3, every four hours. On the 2d, hoarseness about the same; tonsils continue somewhat inflamed and swollen; *Belladonna* 12, every four hours. 3d. Tonsils much inflamed but hoarseness slightly increased; *Carb. veg.* 3 *trit.*, every four hours. 4th. About the same; *Carb. veg.*, as above. Feb. 5th. Hoarseness rather less, and improving generally; *Carb. veg.* 30, every six hours.

7th. Had improved very much, but some slight ulcerations now made their appearance in the buccal cavities, and the edges of the tongue retained impressions of the teeth; *Merc. sol. Hah.* 30, every six hours.

12th. Had taken slight cold; general dryness of the skin, with thirst; pulse 110 and rather full; *Acon. nap.* 3, every three hours.

13th. Febrile symptoms almost entirely gone, but hoarseness was considerably aggravated, with some increased inflammation and soreness of throat, which had assumed a much darker hue; *Phos.* every four hours.

14th. Symptoms all abated; continue *Phos.* every six hours.

15th. Still better; continue *Phos.* as above.

16th. Rapid improvement; is able to walk a little, and talks with considerable ease. There remains some slight ulcerations in the mouth. *Merc. sol. Hah.* 30, every night.

20th. Slight hoarseness, and some remains of the ulcers; *Merc. sol. Hah.*, as above.

23d. Discharged. Cured.

W. R. Power, M.D., of Philadelphia, presented the following communication on the use of Vaccinin and Variolin:

PHILADELPHIA, May 24th, 1853.

TO THE AMERICAN INSTITUTE OF HOMŒOPATHY:

Without copying the entire records of the symptoms and treatment of a large number of the cases of Variola and Varioloid, treated by me within the last three years, exclusively with Vaccinin and Variolin, which time nor opportunity permits me to do at present, I find it very difficult to furnish, as requested, a statement of the results of my experience with the substances mentioned; and I altogether despair of conveying to your apprehension a half tithe of the deliberate conviction resting on my own mind, that these substances are immensely superior in controlling and

conducting to a successful termination the several forms, phases, and degrees of variolous affections to the generally-prescribed remedies, viz. :

The first in importance, as well as the most constant and uniform of the results, I have derived from the administration of Vaccinin in *true* small-pox, and from Variolin in varioloid, is that of controlling and moderating the eruptive fever to a grade necessary to a full and healthy development and maturation of the pustules, even in the most violent forms of *confluent* small-pox. In my hands, too, by the use of the third decimal trituration of Vaccinin, the preparation I have uniformly used, those affections of the throat, of the eyes, of the lungs, and sometimes of the brain, involving, as every practitioner is aware, a class of incidental or concomitant affections, oftentimes exceedingly harassing to the patients, and perplexing to the medical attendants, have been almost, if not entirely prevented. The harassing burning of the skin is rendered tolerable to the patient, and the natural functions of excretion, so little interfered with in the progress of the disease, that I have very rarely found it necessary to interpose a single dose of medicine, or to resort to the use of enemata, to evacuate or relax the vomits.

By the exclusive employment of Vaccinin in variola, I have found the disease uniformly much shortened in its course, and in no single instance has it, in my experience, been followed by any of those unpleasant sequelæ so apt to follow upon a derangement of the usual course of the disease under the old treatment. In one case of distinct small-pox, treated with Vaccinin, the scabs began to fall at the end of the fourth day from the first appearance of the eruption. I have had no case even of the confluent sort, and I have had some in which the patient was enveloped in one continuous scab from head to foot, which has not been cured in from eleven to fourteen days.

Changing from variola to varioloid, and substituting Variolin for Vaccinin, the remarks made in reference to the latter are equally true and applicable throughout the former. I have employed Variolin in one case of pure small-pox, but without observing the same beneficial results; and my practice is to observe the distinction, if the distinction between the two forms of the disease can be at all ascertainable, and if not, then to resort to, and rely upon, the Vaccinin. This distinction, however, is generally attainable by inquiring of the patient or his friends whether he has been vaccinated, and, if this fails, by an examination of the arm or leg for the distinctive mark.

Very truly yours,

W. R. POWER, M.D.

The Central Bureau offered the following report :—

TO THE AMERICAN INSTITUTE OF HOMŒOPATHY :

It will be remembered, at the last annual meeting of the American Institute of Homœopathy, the Central Bureau, in its report, alluded to the importance of that part of the duty committed to its charge, expressed under the head of "Arrangement of the *Materia Medica*," and in that report mentioned that various plans had been suggested and discussed, but none of them appeared to be perfectly satisfactory, and that consequently no one had been sufficiently digested to offer to the acceptance of the Institute. During the past year but little effort has been made by the members of the Bureau in this direction, for the furtherance of the object of their appointment.

It will also be remembered, that in its last report, the Bureau suggested to the Institute the plan of circulating a Portfolio* among the members of Bureaus of the various local branches, and exhibited a specimen, with the results of the labors of the members of the Central Bureau in this particular direction, for the "augmentation of the *Materia Medica*." The suggestion seemed to meet with a favorable reception by the Institute, but up to the present time the Bureau has received no information from any of the local bureaus, on the subject of the portfolio.

A communication has been received from the "*Materia Medica Bureau of the Homœopathic Society of New York*," accompanied with copies of the provings of the *Rumex Crispus*, and clinical verifications of the symptoms. Both of which are herewith handed over to the American Institute of Homœopathy.

The Bureau has also received a highly valuable communication from Morgan J. Rhees, M.D., of Stockton, California, containing provings of the *Rhus Lawrina*, and some important observations on the treatment of poisons by the *Rhus*, and on kindred subjects. The document is herewith handed over to the Institute.

The Central Bureau now has in its possession, materials enough to make a volume of respectable dimensions, duodecimo.

The above is respectfully submitted, by

C. HERING, M.D.,
J. JEANES, M.D.,
C. NEIDHARD, M.D.,
J. KITCHEN, M.D.,
W. WILLIAMSON, M.D.,
Central Bureau.

PHILADELPHIA, June 1st, 1853.

* The Portfolio consists of pasteboard backs, large enough to enfold blank sheets of paper, on which the contributors write their additions of repeatedly confirmed symptoms, and new symptoms of old remedies, provings of new remedies, clinical experience, general observations, &c.

C. Neidhard, M.D., mailed the following communication to the General Secretary, which, however, was received too late to be read before the Institute, but will be incorporated with the published proceedings.

TO THE AMERICAN INSTITUTE OF HOMŒOPATHY:

As I shall be prevented from being present at the annual meeting of the American Institute, at Cleveland, I will at least comply with the resolution of the Institute, adopted in 1851, viz., "that every member should make some written communication," by contributing some small memorial to the archives of the Society.

In the course of my long Homœopathic practical life, I have been daily more convinced, that the main difficulty in many cases of disease, in discovering the *simile* for distinct and well-marked symptoms, does not so much lie in the paucity of the articles already contained in our *Materia Medica*, as in the totally insufficient manner of their provings, and particularly the unphysiological mode of arranging and recording the symptoms. I will illustrate my view by some examples.

Chilidonium has in ancient times been celebrated for diseases of the liver, and we have a tolerable proving of it in our *materia medica*. But with the symptoms, as they are at present laid down, we can hardly find its range of action. By dint of great exertion, I found a group of symptoms, which do not unfrequently occur in practice, and for which Chilidonium acts "like a charm."

The first case is that of Mrs. —, who had for many years been subject to liver complaint, of which she now again had an acute attack. It presented the following features:—pain in the right side of the back, with weight of the back of the head pressing against the left ear, also pressure in the eyeball, sore tonsils, bitter taste in the mouth, nausea, bowels costive.

At first sight many remedies would apparently meet the above symptoms, but on a closer examination, by collecting the scattered symptoms, we shall find that Chilidonium more closely meets the pathological state, than any other remedy. For modern physiological experiments have shown that, when the right side of the spine is affected, or any organ situated on that side, the left side of the head, or the corresponding organ will be in sympathy. Thus we have in Hahnemann's *Materia Medica*, under Chilidonium, "pinching, cramp-like, in the internal border of the right scapula, with a sort of pressing stitch from the left side of the occiput to the forehead," which, in the comparatively imperfect trial of this remedy, must suffice for the present; for except the bitter taste in the mouth, with considerable nausea, we have no other data of a

disease of the liver by this remedy, and yet the above case was fully and permanently cured by *Chilidonium*.

Now I must ask, could there not a mode of proving this or any other remedy, be devised, which would preserve the link of these symptoms, so nearly related to each other, physiologically and pathologically? These few symptoms constitute, in fact, the marrow, the very essence of the pathogenesis of the remedy.

Another consideration presents itself: Remedies will often cure a case, for which only a few characteristic symptoms are found among the provings, while others are not, because the latter are very imperfect.

Ellen —, for many years subject to bilious vomiting, giddiness in the head, nausea, choking during bilious eructations, *shooting pains in the region of the liver to the back*. This last symptom will not be found among the pathogenetic symptoms of *Chilidonium*, but it was nevertheless cured by it, like all the rest. Lately, I have cured some cases of a similar nature, by *Chilidonium*.

The same law holds good with epidemics. During the prevalence of dysentery, cholera, etc., one patient has seldom all the symptoms characterizing the epidemic; one has more diarrhœa, another, more spasms or vomiting, and yet both are cured by the remedy, which in its character most clearly resembles the character of the prevailing epidemic. If the remedies are so fully proved as, *e. g.* Arsenic, Belladonna, Thuja, these difficulties will gradually disappear; but even the fullest proving, if pursued in the old way, will not unite what so clearly belongs together. Each proving ought, in fact, to be regarded as a physiological and pathological study to the prover as well as to the editor of the provings. Being fully aware of the importance of the subject, I will offer to the consideration of the members of the Institute, some principles, according to which such provings ought to be conducted.

1. Before any proving is made, the individual prover will carefully note down, for at least a month, all symptoms to which he may be habitually liable.

2. As a preliminary, he will furnish an account of his general habit of body, his complexion, color of hair, eyes, etc.

3. No change in his accustomed diet ought to take place during the provings, as this alone might induce symptoms; at the same time, it is absolutely necessary that the prover should commit no excess of any kind, during his experiments.

4. One dose of the 30th or 6th dilution of the remedy ought to be taken fasting, in the morning, and the same dose is only to be repeated, if no effect whatever be perceptible from the first, during 24 to 28 hours, so that its action is not interrupted.

5. If, after repeated trials, no effect is felt from the higher dilutions, the lower dilutions, from 3-1, will be resorted to with the same provision as before. -"

6. Believing that structural changes are only the result of a change in the natural functions of the organs, on which the remedies act, it is thought that provings with enormous doses of medicine are unnecessary, and will answer no practical purpose. For, by careful annotation of the primary disturbances of any organ or organs, produced by a remedy, satisfactory conclusions may be drawn as to its subsequent organic changes, arising out of the functional derangements.

7. The symptoms should be accurately noted down in the order in which they appear, as well as the time of the day at which they manifest themselves. The delineation of the precise locality, when any symptom appears, ought never to be omitted.

8. All symptoms produced by one dose, and having a physiological connexion, as far as the prover is able to judge, ought never to be separated in the digest of the symptoms.

9. Provings, if possible, must be made on an equal number of persons of both sexes, of different constitutions and habits of body, and an accurate comparison drawn of the difference of action according to the habit of the body, in the summary statement at the end of the provings.

10. The different Homœopathic societies throughout the country would appear to be the natural mediums for investigations of this kind, and the American Institute of Homœopathy ought to take the lead, thus sanctioning the idea of the great value the Homœopathic school places upon this fundamental basis, on which our whole success as a school depends.

In order to illustrate this subject more fully, I must refer to the digest of symptoms in Cinnabaris, where some attempt has been made to carry these views into practice. I am quite aware that it is merely an attempt.

As, according to Hahnemann's ideas, all diseases are of a dynamic nature, their first beginnings may often be traced, by the careful observer, to the mind or brain, and from that centre to other organs. In all my provings, the first effect seemed to me always in the mind. Take, for instance, the following four groups for the forehead:—

FIRST GROUP.—A sharp steady pain, mostly in the *right orbital region*; soon after felt a sharp *throbbing in the left hypochondrium*, in the *region of the spleen*, after four hours.

A *dull aching pain* in the *bones of the forearms and legs*, in eleven hours.

In eleven hours the pain in the head is increased to a heavy stupi-

fying ache, aggravated by thinking, reading, pressure. *Tenderness in the epigastric region.*

In the morning better, but in the evening the *pains in the head* return again, with a *numbness* and *heavy acting* in the *arms*, and *knees*, and *lower legs*, without another dose.

The same *pains in the head* return also in the morning, at eleven o'clock, with a *disposition to fall asleep*, notwithstanding his making great effort to keep awake: *constrictive feeling* in the *umbilical region*, *urine tinged yellow*.

SECOND GROUP.—Although accustomed to dream much, yet he had more troublesome dreams than usual.

He awoke and started up several times without purpose, once with a *heavy pain in the forehead*.

Upon arising in the morning, he felt a little giddiness and pain in the *forehead*, with a sensation of *soreness* in the *eyeballs*.

Before noon *acidity in the stomach*, general headache, and heaviness in eyes, &c. &c.

THIRD GROUP.—After taking the medicine the night before, he had an *increased flow of saliva* the next day, so that when he attempted to speak, he had some difficulty, from *his mouth being filled with saliva*.

He had some pains of a *dull character* in the *forehead*, over the eyes, in the afternoon, which became more severe in the evening, and were aggravated by motion.

Had occasional pains in the *left side of the chest*, between the cartilages of the 5th and 6th ribs.

The second day the *flow of saliva* still continued.

In the afternoon he had again a *dull acting pain* in the *right forehead*, aggravated in the evening.

Also, a return of the *pains* in the *left side of the chest* in the region of the *heart*, of a sharp cutting character, producing a difficulty of breathing.

FOURTH GROUP.—*Dull pain* in the *forehead*, which is *cold*, and relieved by the warm hand.

Aching *soreness of the eyes*, worse in the evening.

Pulse rises from 60 to 80 in the evening.

Aching *soreness in the teeth*.

Eructations of wind in the *stomach*.

Sores in the *mouth*, on the *under lip*.

Severe pain in the *forehead*, lasting all night.

Great restlessness and nervousness.

The parts italicized show the consecutive action of the medicine, all proceeding from the forehead to different parts of the body, such as is often found in disease. In these provings we may trace the expansion of

remedial action from forehead to stomach, and if we look still closer into the symptomatology of Cinnabaris, we find still farther sympathies under determination of blood to the head, as *e.g.* fulness of head, with sensation of emptiness in the stomach, and looseness and dizziness of the head, with soreness of the stomach. What is the precise nature of the diseases, indicated by the above groups, it is not necessary to dwell upon in this place. Names are of little consequence. The most important point is to retain in our digest that which evidently belong together. We hear constant complaints of the insufficiency of our repertories, but I believe if we had better provings, we would have better repertories. Remedies must be proved by a greater number of persons than hitherto, and their observations more accurately defined. As I intend to pursue this subject in another place, in a more extended way, I shall close here.

Respectfully yours, &c.,

C. NEIDHARD.

PHILADELPHIA, June 5, 1853.

M. J. Rhees, M.D., forwarded the following communication:—

STOCKTON, CAL., April 19th, 1853.

TO THE AMERICAN INSTITUTE OF HOMŒOPATHY.

GENTLEMEN:—It is now nearly seven years since I became a member of your body, by signing my name to the Constitution and By-Laws. Whether I have forfeited my membership by long absence and silence I do not know, but it would seem to be so from the fact that for five years I have received no official notification of the time and place of your annual meetings. I have been, so far as the Society was concerned, as one who had no interest whatever in its proceedings. I do not even know who is the secretary of the Institute. I might have been in fault in not communicating my place of residence to the secretary, had I known his name, but without this knowledge I was unable to correspond with him. It seems to me that it was his duty to inform himself as to the whereabouts of every regular member, and extend to all of them, without exception, the annual notification and invitation, in whatever part of the habitable globe they might be living. He might easily have obtained the necessary information in regard to myself, as I know that several prominent members of the Society were well acquainted with my place of residence. Do you feel no interest, gentlemen, in the advancement of Homœopathia in California? Or, am I considered as unworthy to be a promulgator of the science? To one of these conclusions I am forced to come. You cannot be ignorant of the peculiarities of California vegetation, and of the possibility which exists of there being many valuable

medicinal plants indigenous to the country. There is a broad field for research still open in the examination, botanically and pathogenetically, of these plants. Moreover, this State is populated by people from all parts of the globe. We see, daily, men from every State in the Union, from every nation of Europe, from the great nations of Asia and Africa, and from the numerous Islands of the North and South Pacific. Here, then, is a splendid opportunity to make known the great and peculiar benefits of Homœopathia to the whole world. These two objects, viz., the botanical and pathogenetic examination of the indigenous plants of California, and the universal promulgation of the science of Homœopathia, claim, and ought to receive the attention of the American Institute of Homœopathia; and those who have braved all the dangers and trials connected with the journey to, and a residence in this State three or four years ago, and who are still willing to remain at a distance from family and friends to prosecute these objects, have a right to the countenance and encouragement of that body.

But, although I feel the neglect of my professional brethren, I should not have troubled them with a letter on this subject. I have something of more importance to communicate. Since I have resided in this country, I have, from time to time, made tinctures of plants, which, from their botanical characters, or singular circumstances connected with them, have seemed to afford a prospect of adding to our *Materia Medica* valuable remedies. It has been my desire to communicate my observations to the Medical Bureau for a long time, but, for various reasons, I have been unable to do so until the present time. I shall now commence by giving you my observations in regard to

RHUS LAURINA.

Sexual System: Pentandria Trigynia. Genus RHUS; General Character, *Calyx* 5-parted; *Petals* 5; *Berry*, one-seeded, small, subglobular.

RHUS LAURINA: Specific Character, a shrub growing from two to eight feet in height; stem branching, irregular, glabrous; leaves ternate; leaflets elliptical, emarginate (often sinuate), very glabrous; panicles crowded; flowers greenish-white, diœcious; calyx 5 or 6-parted; petals 5 or 6, sessile, reflexed; male flower, 5 stamens and rudiments of a style, filaments very erect, hirsute, extending beyond the corolla; anther sagittate, giving off a bright yellow pollen; female flower, 5 abortive stamens; 3 stigmas standing on a globular germ. Blooms in April.

This variety of the *Rhus* will be found partially described in Mrs. Lincoln's *Botany*, page 155. It differs from the *Rhus Toxicodendron*

principally in the shape of the leaves, and in the entire absence of the slightest pubescence, both on their superior and inferior surfaces. The plant grows abundantly in the great Sacramento and San Joaquin valleys, as well as in the mountains. To the best of my knowledge, it is found in all parts of the State. The leaves first make their appearance in March, and are then of a beautiful dark claret or maroon color. This is more particularly the case with the leaves of the male plant. The sap of the plant is a thin milky fluid, but when allowed to touch the skin, it produces a dark purple stain, and for three or four days afterwards, whenever the part is washed, it looks as if it had been recently touched with nitrate of silver.

On the 4th of the present month, at 10 o'clock, A. M., I procured several branches of both sexual varieties of the *Rhus Laur.*, and cut the leaves, tenseshoots, and clusters of flowers into small fragments, and put them into a vial, with the intention of making a tincture. While doing so, I was troubled with a smarting and burning in the eyes. My hands were protected at the time by kid gloves, and I washed them carefully with strong soap before I touched any part of my body. In the evening I began to experience slight itching and burning in the face, particularly about the eyes and forehead; and voluptuous itching on the scrotum and prepuce. At night, felt a sense of oppression as if the air was too heavy.

April 5th. Last night the sleep was disturbed and full of dreams, which were lascivious, and of venereal pleasure; felt heavy and unrefreshed in the morning; during the day the itching in the face has increased and spread over the nose, the edges of the nostrils, the upper and lower lips, the external ears, and the inferior portion of the neck immediately above the sternum and clavicles; the skin on these parts feels rough, and is covered with a minute eruption of lenticular vesicles, filled with transparent serum; itching on the back of the hands, particularly between the fingers. The itching on the scrotum and prepuce has become more troublesome, and is much increased by scratching; scratching, or rubbing of the parts is followed by intense burning; the prepuce is slightly swollen. In the evening the nose is quite red and shining; the redness is not removed by pressure.

April 6th. This morning I felt weak and languid; dull, aching pain, and weakness across the loins; redness, and swelling of the skin of the forehead, eyelids, nose, cheeks, lips, and ears, behind the ears, and on the front of the neck; the skin on these parts is covered with the minute lenticular vesicles spoken of yesterday, which are more filled with serum. These vesicles seem to be situated in the rete mucosum; at least they involve a deeper tissue than the cuticle. During the day some of them find their way to the surface, and are ruptured while being scratched.

The itching is so intolerable that it is impossible to resist the inclination to scratch. After scratching, the parts burn and sting, become more swollen, and feel stiff and dry; the prepuce is much swollen and very red, and the itching is unbearable about once in five or six hours on this part and the scrotum; the scrotum is red, swollen, and much corrugated. After scratching for a few minutes, the itching is entirely relieved for several hours; eruption of pimples and minute vesicles with excessive itching on the backs of the hands and between the fingers; itching on the inside of the thighs.

April 7th. The same symptoms continue as were noted yesterday, but with increased violence. The eyes were nearly closed in the morning, by the swelling of the lids. Chilly sensations during the day, through the whole body, while sitting in a warm room.

April 8th. The itching and swelling on the face, between the fingers, and on the scrotum and prepuce, became so intolerable, that, fearing it would incapacitate me for business, I took *Rhus tox.* 6th, every four hours, and bathed the parts with cream. This treatment alleviated the symptoms somewhat. At night itching and redness on the inside of the thighs, from the perineum to the knees.

April 9th. The itching and swelling in the face is very much abated, as well as that on the scrotum and prepuce. The itching on the hands and between the fingers is very harassing, and is much increased by rubbing and scratching. The itching comes on at intervals of 5 or 6 hours, but it may be produced at any time by rubbing or scratching. Scratching is followed by excessive burning, and between the fingers by a dull, aching pain, the skin becoming more swollen, hard, and white, as in urticaria. This evening took a hot bath, as hot as it could be borne, using castile soap and the flesh-brush freely. This was followed by immediate and complete relief for several hours. Continued the *Rhus tox.* as yesterday, and the cream externally.

April 10th. The itching in the neck returned at bed time, last night, and was somewhat troublesome through the night. This morning the itching returned with great severity in the hands, and was again relieved by bathing them in hot water, which was repeated this evening. The face is very dry and rough, and has a scurfy appearance, and the skin seems to be thickened and indurated; all other parts have been comfortable through the day, with the exception of the thighs and the skin covering the lower portion of the abdomen, which has at long intervals itched considerably.

April 11th. Bathed the hands again in hot water this morning, and they have not been at all troublesome through the day. There has been

some itching on the thighs and scrotum, but not nearly so much as formerly.

April 12th. The hands have been very troublesome at intervals of 12 hours during the day. This morning vesicles made their appearance in the palm of the left hand wherever the sap of the plant had touched the skin, in gathering it.

April 19th. Up to the present time, the itching and burning in the palm of the left hand, and between the fingers of both hands, have been very annoying, almost painful, at intervals of 10 or 12 hours. Wishing, however, to know how long the effect of the plant would continue, I have made use of no remedies since the 11th inst. It is now evidently abating.

Some persons are much more readily and severely affected by this plant than others, while a very few are entirely exempt from its influence. The great majority are more or less susceptible to its action. I have seen very many cases of poisoning by it. Some have presented the same symptoms and the same kind of eruption as were present in my own case, but in more severe form. I have seen eyes completely closed for 24 hours by the swelling, and the scrotum and prepuce have been so badly swollen in a few cases as to render it necessary to support them with a suspensory bandage. In other instances, the vesicles are much longer than in my case, and become confluent, forming a dark scab of an inch or more in diameter. I have not seen any case in which the tongue or pulse were materially disordered. I have been informed by a gentleman in this city, that two persons with whom he was acquainted, died from the effects of the poison, but I have been unable to learn anything concerning their symptoms. Dr. Lewis Post, of San Jose, California, informs me that if he rides within ten feet to leeward of the plant, he is speedily affected by it, particularly and almost exclusively on the scrotum and prepuce. It seems to have a great affinity for this part of the body, as almost all the cases I have seen have complained of the intense voluptuous itching of the external genital organs and the inside of the thighs.

In the treatment of the toxicological effects of this plant, Dr. Post informs me that he has used *Rhus tox.* with excellent success. As I have heretofore been under the impression that I had to deal with poisoning by *Rhus tox.* itself, I have never used it, fearing to employ a remedy identical with the cause. Dr. Post also considered it identical, yet he used it, notwithstanding. Since I have examined it botanically, and have satisfied myself that it is a different plant, I shall hereafter use *Rhus tox.* in cases of poisoning by it. As will be seen by the report of my own case, I used *Rhus tox.*, and probably with good results. I have generally made

external applications, such as a solution of salt, in water, diluted spirits of Camphor, and Olive oil. Occasionally I have found the internal use of *Bell.* very effectual, in other cases, *Bry.*, and in one case, where the face was very much swelled, and the eyes closed, the use of *Ars.* was followed by prompt relief. Salt and water is the favorite remedy with the native Californians. Cream from cow's milk is an excellent and very soothing application. But I now believe the hot bath, at as high a temperature as can possibly be borne, to be the best and most suitable external application under Homœopathic treatment.

With this imperfect account of the RHUS LAURINA, its effects, and their treatment, I must draw my letter to a close. I trust it may not be found altogether uninteresting, and that some lover of science may be willing to prove the tincture which accompanies the letter. I have several other tinctures on hand, which, in due time, I shall send to you, together with my own observations in regard to the plants and their effects.

In the mean time, I remain, gentlemen,

Very respectfully, yours,

M. J. RHEES, M.D.

The following members were appointed to report, at the next meeting of the Institute, essays on the following subjects:—

J. P. Dake, M.D., of Pittsburg.—On the Value of Clinical Experience, and of Clinical Reports in Homœopathic Practice.

J. G. Loomis, M.D., of Philadelphia.—On Mechanical Supports, or the value of Braces and Stays in Homœopathic Practice.

C. D. Williams, M.D., of Cleveland.—On Small-Pox, and Vaccination by Kine-Pox, and their relation to other Forms of Eruptive Diseases.

A. E. Small, M.D., of Philadelphia.—On Diseases of the Respiratory Organs.

Samuel Gregg, M.D., of Boston.—On Diseases of the Urinary Organs.

G. W. S. Swazey, M.D., offered the following resolution, which was unanimously adopted:—

Resolved, That the American Institute of Homœopathy, appreciating the friendly relations which should always exist between all physicians who advocate the *essential* doctrine of Homœopathy, and especially between societies and all bodies organized for the progress of true medical science, does now extend the right hand of fellowship to this whole

western valley—to all educated physicians who are coming to our standard of medical science in the east and west—to the pioneers of our educational progress and strength in this western region, who have proved themselves indomitable under most trying circumstances, and to the city, and also thanks to Dr. C. D. Williams and lady, for the polite and cheerful entertainment we have enjoyed at their house.

Dr. F. R. M'Manus, M.D., offered the following resolution, which was adopted:—

Whereas, It is a very important affair to humanity that such a system of vaccination should be pursued, as will effectually prevent the small-pox; and, whereas, the efficiency of the virus now in use may have degenerated from age, or from constitutional impurities in systems from which the virus may have been taken.

It is, therefore, earnestly recommended to every member of the Institute, that inquiries shall be set on foot throughout the country, in their immediate neighborhood, and particularly in the spring of the year, and during the summer months, requesting the milkers of cows to report the appearance of any particular disease upon the udder or teats of the cows, to be examined in their different stages of development, and to be used, when ascertained to be genuine cow-pox, in the way of human vaccination; and that every physician who shall succeed in thus obtaining matter, shall give to this Institute, at its next meeting, his success in its use, and every observable circumstance connected with the progress of the disease upon the cow, and subsequently upon the human subject.

J. G. Loomis, M.D., exhibited a new invention of ovum and bullet forceps, and explained the manner of using them, to the great satisfaction of the members; whereupon J. R. Coxe, M.D., offered the following resolution:—

Resolved, That the American Institute of Homœopathy has examined with satisfaction, and is fully convinced of the great importance of the invention of ovum forceps by Dr. J. G. Loomis, of Philadelphia, in the treatment of uterine hemorrhage attending cases of abortion and detachment of the ovum, and also of retained placenta; and, likewise, the invention of bullet forceps, for the extraction of bullets and other foreign bodies from deep-seated parts.

J. H. Pulte, M.D., offered the following resolution, which was

adopted; and Drs. J. H. Pulte, S. R. Kirby, and W. A. Gardiner appointed the committee.

Resolved, That a committee of three be appointed by the chair, whose duty shall be to ascertain the names and residences of all the Homœopathic physicians in the United States, whether members of the Institute or not, such report to be presented to the next annual meeting, and be placed on record.

J. H. Pulte, M.D., offered the following resolution, which was adopted; and Drs. J. H. Pulte, B. F. Bowers, and W. Williamson appointed the committee.

Resolved, That a committee of three be appointed by the chair, to report to the next meeting the draft of a plan for the establishment of a Central Homœopathic Pharmacy, under the control of this Institute.

J. H. Pulte, M.D., offered the following resolution, which was adopted; and Drs. J. H. Pulte, E. Bayard, and C. Hering appointed the committee.

Resolved, That a committee of three be appointed, to procure a stone of suitable size, if possible, from the native place of the immortal founder of Homœopathy, to be placed, with a suitable inscription, in the monument in process of erection in Washington City, to the memory of the immortal founder of this Republic, whose glorious principles of freedom have so much contributed to the rapid spread of our beloved science in this the western empire of civilization. The expense incurred by the foregoing to be collected by private subscriptions, and if such amount be not sufficient, to be paid by the treasury of this Institute.

B. F. Joslin, M.D., was appointed to address the Homœopathic Physicians of the United States, on the necessity for assiduous exertions to improve Medical Science, and on the importance of concerted action in the cause of Homœopathy.

E. Bayard, M.D., offered the following resolution, which was adopted; and Drs. E. Bayard, J. H. Pulte, S. S. Guy, J. P. Dake, and W. Williamson, were appointed the committee.

Resolved, That the American Institute of Homœopathy appoint a committee of five, to take into consideration the propriety of presenting

Constantine Hering, M.D., an appropriate testimonial of its distinguished consideration for the discoveries he has made, and for his persevering and universal exertions in promoting the spread of the Homœopathic doctrines.

AFTERNOON SESSION, 3 O'CLOCK.

The election of officers being announced in order by the Chairman, the following were balloted for, and elected :

William A. Gardiner, M.D., Philadelphia, General Secretary.

S. S. Guy, M.D., Brooklyn, Provisional Secretary.

S. R. Kirby, M.D., New York, Treasurer.

On motion, The next meeting of the Institute will be held in the City of Albany, New York, on the first Wednesday of June, 1854.

H. P. Gatchell, M.D., of Cleveland, was appointed to deliver the next annual address, and W. E. Payne, M.D., of Bath, his alternate.

Drs. F. Humphreys, C. Hering, W. Williamson, of Philadelphia, B. F. Joslin, and B. F. Bowers, of New York, were appointed the *Central Bureau, for the enlargement and improvement of the Materia Medica.*

W. E. Payne, M.D., offered the following resolution, which was discussed by Drs. Payne, Dake, Pulte, Bayard, Swazey, Kirby, Warner, and Gatchell, and laid on the table for a year.

That we regard the Homœopathic law as co-extensive with disease, and that a resort to any other means than those pointed out by the law *similia similibus*, is the result, in part, of the incompleteness of our *Materia Medica* ; but mainly the results of a want of sufficient knowledge, on the part of the physician, of those remedies already possessed by our school, and not an insufficiency of the Homœopathic law.

The Secretary was authorized to publish the proceedings.

The thanks of the Institute were voted to E. Bayard, M.D., for his able and eloquent address.

The thanks of the Institute were voted to R. Gardiner, M.D., for his efficient services as Chairman.

Adjourned, to meet in Albany, the first Wednesday of June, 1854, at 10 o'clock, A. M.

The meeting was unusually interesting, and the proceedings were conducted with harmony and good feeling, and the members doubtless have returned to their fields of labor, inspired with a new zeal in the cause of science and humanity.

The Rhode Island Homœopathic Society forwarded the following report, which did not arrive in season to be read to the members, but has been incorporated with the proceedings, by the Secretary.

TO THE AMERICAN INSTITUTE OF HOMŒOPATHY:

The Rhode Island Homœopathic Society, having, by a vote of the last annual meeting, become a regularly organized branch of the American Institute, would respectfully make its first official report to your honorable body.

On the 1st of May, 1850, a printed circular was issued by Drs. A. H. Okie and H. C. Preston, of Providence, inviting all the physicians in the state, known, or supposed to be practising Homœopathically, to meet in Providence for the purpose of organizing a state society. In response to the call, eleven medical gentlemen, comprising all the Homœopathic practitioners in the state, met in Providence, on Wednesday, May 15th, 1850. An organization was effected, under the style and title of the Rhode Island Homœopathic Society. A constitution and by-laws were drawn up, and unanimously adopted, a copy of which is presented with this report. Officers were elected, and instructed to procure a charter from the state Legislature, which they succeeded in doing at the next following session of the Legislature, and since then, the Society has been recognised as a corporate body in law.

According to the provisions of the constitution, regular meetings have been held on the first Wednesday of August, November, February, and May of each year, since its organization, and the committee appointed to draw up this report feel a just pride in stating, that no medical society has ever been more united and harmonious, or more ambitious to further the progress of science generally, and of Homœopathic therapeia in particular. The members have universally been punctual in their attendance at the quarterly meetings, and have done very considerable in the way of proving remedies, reporting cases, and discussing medical subjects. The result of their united action has been abundantly proved in the rapid extension of the Homœopathic system in Rhode Island. Three years ago the Society numbered eleven members, and it now numbers twenty-three. When it is recollected that there are but 31 towns in the state, and a population of only 150,000, this increase in the number of physicians,

and the fact that they are all doing a successful and paying business, shows a much more rapid and extensive spread of Homœopathic doctrines than could possibly have been predicted. In Providence there is a population of about 50,000, supporting eight Physicians, and it is making a fair estimate to say, that the majority of the literary, wealthy, and respectable families are firm believers and hearty supporters of the Homœopathic system.*

In regard to the provings of remedies, something has been done and more is doing. Some of our provings of Glonoine and Hammamelis have already been reported to Dr. Herring, and through him to the Central Bureau, from which department they will more properly come before the Institute. A great number of cases have been detailed to the Society, and the most important of them are appended to this report for publication, if thought expedient. Dr. Okie has written some valuable reports on the efficacy of Hammamelis Virg. in phlegmasia alba dolens, and in purpura hemorrhagica. Dr. Preston has witnessed its astonishing efficacy in old cases of varicose ulcers of the leg, and in active uterine hemorrhages. Dr. Barrows, and Dr. DeWolf have reported its success in curing epistaxis and other hemorrhages. Dr. Okie has called the attention of the Society to the diagnosis of a class of renal diseases accompanying scarlatina, and probably caused by absorption of the scarlatina virus in the kidney; their successful treatment by Zinc and Cantharides has generally proved the diagnosis correct. Dr. Preston reported, in 1850, some cases of uterine displacement which were cured by the Iodide of iron, and since then several members of the Society have corroborated its efficacy in that class of diseases; and the same gentleman read a lengthy article on the subject of vaccination, and the use of Vaccinin as a prophylactic in variola. He detailed a report of about 400 cases, in which he had treated psoric diseases in children that had not made their appearance until after vaccination, and suggested that the vaccine virus now in use might possibly be the medium of propagating that class of diseases. Drs. Barrows and Preston have reported the successful employment of the inhalation of medicated vapors in bronchial and lung diseases,—some very severe cases of diffused chronic bronchitis, of asthma, and of lung diseases, in one or two instances, even where the physical signs revealed

* Three inaugural addresses have been delivered before the Society by the three presiding officers, Drs. A. H. Okie, Ira Barrows, and Henry C. Preston, and at the annual meeting of the Society, May 7th, 1851, a public address was delivered by Dr. Charles Neidhard, to a large and discriminating audience. A public dinner was also given by the Society, and the anniversary passed off in a manner highly gratifying to all the friends of Homœopathy. All these addresses have been published by the Society, and are presented to the Institute with this report.

the presence of softened tubercles. The instrument used is much like a tin coffee-pot, with a small tin cup inserted in the top, the bottom of the cup is perforated, and the top covered over, with a tin tube inserted in the middle, through which the vapor passes to an india rubber tube, at the extremity of which a mouth-piece is attached. The instrument is filled with warm water as far as to the bottom of the cup, which is filled with a wet sponge—the medicines are put on the sponge, and the cover shut over it—the vapor of the water passes up through the sponge, and carries with it the vapor of the medicine to the patient, who inhales it into his lungs. The medicines employed have been chiefly Calcareo, Phosphorus, and Sulphur in the first or third attenuations, or what has had the best effects, the combination of Calcareo and Phosphoric acids forming the Phosphate of Lime. The same medicines have been administered internally at the same time. Dr. Preston reports eight cases which had been pronounced incurable, which are now in the enjoyment of very good health, and in which he has relied solely upon this treatment.

Many other interesting cases have been reported, which the committee cannot at this time detail. Appended to this report are a number of these cases, which are presented to the members of the Institute for their inspection, and some have already appeared in the Philadelphia Journal of Homœopathy.

The diseases treated by the different members of the Society have been as varied and innumerable as in other states, and the practice has been highly successful. We had, in 1850, quite a severe epidemic cholera, which appeared principally in Providence, and we think not far from a hundred cases were treated, of which only two were lost, and those had previously been under Allopathic treatment. The remedies used were Camph., Veratr., Cupr., Arsenic, and Nux Vomica. Small-pox has raged epidemically during the winters of 1850–51 and 1852–53, in which the successful employment of Variolin and Vaccinin, and particularly its efficacy in preventing “pitting,” have been demonstrated. Many cases have also been reported to the Society, in which Vaccinin seemed to be prophylactic, in families where those who had previously been vaccinated suffered with variola, and those who had not been vaccinated, but were taking Vaccinin daily, escaped, although similarly exposed to the contagion of small-pox. Measles and scarlatina have also several times prevailed epidemically, and have been combatted with like success. Without farther infringing upon the time and patience of the members of the Institute, the Rhode Island Branch would conclude, by respectfully suggesting for their consideration,

1st. That some measures be taken, to bring out a more full expression of the views of the majority with regard to vaccination, its use and abuse; and the best method of obtaining and preserving pure virus.

2d. The propriety of inhaling warm vapor, medicated with the medicines best indicated in bronchial and lung diseases.

And, 3d. That much as the Rhode Island Homœopathic Society would be pleased to have the members of the American Institute meet at Providence (an invitation they would strongly urge, should the present itinerant system be continued), at the same time they would respectfully suggest, that its annual meetings be permanently fixed at some one or two central points of the Union,—for instance, New York and Philadelphia,—believing that such an arrangement would insure a more full attendance of the members, and more interest in its proceedings.

All which is respectfully submitted in behalf of the Rhode Island Homœopathic Society.

CHARLES F. MANCHESTER, M.D.,
IRA BARROWS, M.D.,
JOHN J. DEWOLF, M.D.,
HENRY C. PRESTON, M.D.,

Committee.

HOMŒOPATHY AND ALLOPATHY.

Correspondence between J. P. DAKE, M.D., and JAMES KING, M.D., in reference to a public discussion of the merits of Homœopathy.

(From Pittsburg Daily Gazette, Dec. 6th, 1852.)

JAMES KING, M.D.

DEAR SIR:—Since the attention of the public has, of late, been called to the subject of medicine, by the circumstances attending the decease of the much-lamented *Walter Forward*—and since you are the first physician in the Allopathic school of this city, enjoying the advantages of learning and respectability, who has openly written against the merits of Homœopathy,—I am constrained, by a wish that the public may rightly understand the points at issue between the old and new schools of medicine, as well as by attachment to a favorite system, to invite you to meet me at an early day, before a public assembly, for the fair discussion of the following propositions, viz. :—

1. *That "similia similibus curantur"—like cures like—is the fundamental law in medicine.*

2. *That the medicinal powers of matter can be correctly ascertained in no other way than by the vital test—the trial of drugs on the healthy.*

To these propositions I affirm, holding myself in readiness to meet all objections you may urge against them.

With sentiments of respect, your most obt.,

J. P. DAKE.

P. S. Special arrangements for the discussion can be made as soon as you signify an acceptance of my invitation.

J. P. D.

(Pittsburg Daily Dispatch, Dec. 17th, 1852.)

The public are interested in obtaining such an amount of medical instruction, as will enable them to judge between physicians of different schools, and prevent their being the victims of quackery, whether backed by diplomas or not. We believe in the exercise of private judgment by all who have any, whether in medical or religious questions. Those who believe a man has no right to commit suicide directly, should see that it is not done indirectly; what matters it, whether the instrument used is a razor or a lancet, a revolver or a pill-box? Holding these opinions, we regret to see that Dr. King has declined to even notice the invitation of Dr. J. P. Dake, to discuss with him the principles of the Homœopathic and Allopathic systems of medicine. The *Journal* denounces the former as “quackery;” but when we find such men as Greely, Bryant, Webb, the Harpers, and others, taking their medicines, and *living*, we are justified in asking that it should not be prejudged, but have a fair investigation of its merits before the people.

If Dr. King, from a false professional pride or other reason, declines the controversy, we trust that Dr. J. P. Dake, whom we have known for some years as a gentleman of education and talents, will enable us to judge of the system of Hahnemann, by a series of short popular lectures on the subject. At the same time, we trust its opponents will not allow the case “to go by default.”

(Pittsburg Daily Dispatch, Dec. 18th, 1852.)

THE CHALLENGE ACCEPTED.—We are glad to see, by the fol-

lowing communication, that Dr. James King has accepted the proposition of Dr. J. P. Dake, to discuss the principles of the two systems of medicine which they practice:—

*To the Editors of the Dispatch:—*As I did not feel it incumbent upon me to notice any communications addressed to me *through the public press*, unless at my pleasure, and as I have not felt that medical science required special support at the hands of so humble a member of the profession as myself, I had determined to regard the challenge of Dr. J. P. Dake with silence; but, as the tone of your remarks this morning, added to what has been said in the papers heretofore, might lead the public to misjudge my motives, I feel myself obliged to change my purpose. I will, then, accept the invitation of the Doctor to discuss the propositions which he has submitted, asking no other change in their phraseology than attaching the words, *according to their “provings” and practice of the Homœopathic system*, as the closing part of the last one.

JAS. KING.

PITTSBURG, Dec. 20th, 1852.

JAMES KING, M.D.

DEAR SIR:—Since you have, in a note to the editors of the Dispatch, signified an acceptance of my invitation, publicly to discuss with me two given propositions relating to the science of medicine, I feel it my duty to advance without delay to the preliminary arrangements. Before doing so, however, I will say a word in regard to the clause which you would have added to the second proposition. I object to such an appendage; first, because it is *unnecessary in form*, the language of the proposition being already clear and definite; and, secondly, because it would be a *redundancy in spirit*, it being well understood, that all correct “provings” in Homœopathy are made in the manner already expressed.

Whatever latitude you may wish to take in the Homœopathic “provings” to accomplish your object, you may feel at liberty to take; but as for allowing such an appendage, I cannot.

While speaking of the propositions, allow me to add, that perhaps a third, in reference to the *doses* employed in Homœopathic practice, may be discussed after those already announced are disposed of.

I will here offer one for your acceptance,—*That the doses employed in Homœopathic practice are efficient.*

In regard now to the preliminaries. I have spoken to Mr. J. C. Burgher, of the Second Ward Public School, Alleghany City, and have his consent to act for me in making the necessary arrangements for the discussion.

Mr. B. will call upon you at seven o'clock this evening, to ascertain your wishes in regard to time, place, order, et cetera.

With sentiments of respect, your most obt.,

J. P. DAKE.

J. P. DAKE, M.D.

SIR:—I have to say, in reply to your note just received, that I cannot accede to your proposition without some little reflection. I will, however, be ready to communicate my views in the matter to Mr. Burgher this evening. He shall be apprized, at the same time, of my wishes respecting the preliminaries for the discussion.

Yours, very respectfully,

JAS. KING.

PITTSBURG, Dec. 20, 1852.

Dr. King submitted to Mr. Burgher, during their interview, the following, as a substitute for the second and third propositions:—“That the ‘provings’ of medicines by Homœopathists are reliable, and their doses efficient.” In reply to this, see the following letter:—

Wednesday Morning, Dec. 22d, 1852.

JAMES KING, M.D.

DEAR SIR:—An unexpected absence from the city prevented my addressing you yesterday, in reference to the propositions we are about to discuss before the public. The first of those submitted by me appears fixed. To the second and third you seem to have objections. I think, however, after a brief explanation, those objections will not be urged.

The second reads thus: “That the medicinal powers of matter can be correctly ascertained in *no other* way than by the vital test—the trial of drugs upon the healthy.” Now, while you might agree with me in the sentiment expressed in this proposition,

leaving off the last clause, you could not *consistently* do so as it stands. By the "vital test," I mean "the trial of drugs upon the *healthy*." If you agree with me in this sentiment, then we will drop the second proposition.

The third reads thus: "That the doses employed in Homœopathic practice are efficient." To this your only objection seems to be, that it stands *alone*.

Now, to my mind, these two propositions seem distinct and capable of being discussed separately.

As our object should be to enlighten and not confuse our audience, I deem it essential that these be considered in the form and in the order in which they were originally presented.

The discussion of the three propositions before you, I think, will fully develop the chief points of difference between the schools we respectively represent. In conclusion, I hope, sir, you will waive your objections to their form, that this first step in our arrangements may at once be taken.

With sentiments of respect, your most obt.,

J. P. DAKE.

Wednesday Evening, Dec. 22d, 1852.

DEAR SIR:—Your note of this morning is before me. Although I deem it important, as a rule, to ascertain the effects of medicines upon the healthy, yet, as I am satisfied that their curative powers have sometimes been accurately determined by trials on the sick alone, I cannot agree with you in the sentiment contained in your second proposition; but the difference between us on that point I do not conceive to be so material, as to justify the prominence it would have if made an independent question for discussion. Its importance would be greatly magnified by such a position. As to the third proposition, my only objection to it is that it does not cover the effects of medicines, as represented in the Homœopathic "provings," and, for that reason, suggested a substitute in the words, "That the provings of medicines, by Homœopathists, are reliable, and their doses efficient." As the two ideas herein contained are so intimately connected, as to be readily resolved into the one of *the effects of medicines*, I cannot persuade myself that, by adopting my suggestion, our object to "enlighten and not confuse the audience" would be defeated. It seems to me that we

should thus have a clear and sufficiently distinct proposition before us exhibiting, for the most part, the difference there is between our systems of medication.

Hoping that you can allow the slight alteration in the form of your propositions which I have suggested, so as to meet the whole question of the effects of the Homœopathic medicines, and that we may have the first and main point in the preliminary arrangements for the discussion definitely settled, I remain,

Very respectfully, your obt. servt.,

JAS. KING.

J. P. DAKE, M.D.

Thursday Morning, Dec. 23d, 1852.

JAMES KING, M.D.

DEAR SIR:—Since reading your note of last evening, I have come to the conclusion that we had better go forward at once in the discussion of the first proposition. To pass more time in efforts to “agree to disagree” upon the second, or to alter the shape of the third, can be of no satisfaction to either of us. The law “similia,” once established, all the other principles in the Homœopathic system must follow by necessity. I therefore request you to inform me, as soon as convenient, at what time you will be prepared to meet me, how many evenings you wish to occupy, and how long you would like the speeches.

In reference to the last item, I would suggest twenty minutes: as a frequent alternation of speakers would be easier for us, and more interesting to the audience. As soon as I receive an answer to this, I shall instruct Mr. Burgher to proceed in settling the preliminaries with Dr. Elliott.

With sentiments of respect, your most obt.,

J. P. DAKE.

Friday Morning, Dec. 24th, 1852.

DEAR SIR:—In your note of yesterday you propose immediate arrangements for the discussion of the “first proposition,” leaving all others for after consideration. To the first proposition, as it was originally submitted by you, I have offered no objections, and I am provided with the requisite material to discuss it. But as I regard the Homœopathic “provings” of drugs, and the power of

their doses, derived from infinitesimal division (which will be embodied in such a combination of the points in your propositions as I have suggested), of far more importance in a practical point of view, I really regret your intimation that all efforts to effect such a modification will be fruitless. It is the practical difference between us, as the representatives of different systems, of which the people desire to be informed, and not the theoretical; and, therefore, I am most desirous that the former shall also be fully discussed. I am aware that the practice of Homœopathy is based entirely upon the theory in the selection of remedies; but that the "provings" of remedies, as conducted by the Homœopathists, and their infinitesimal doses, follow the law of "*similia*" by *necessity*, I am not prepared to admit; and in this I imagine I have the concurrence of Hahnemann himself. Holding this opinion, I cannot see how we shall be able to meet the public expectation, by proceeding to the discussion of a part of the subject, before we shall have definitely settled the most important question to be considered. As the mere phraseology in which the second proposition may be couched is a matter of no moment with me, you are at liberty to choose your own words, that will *fairly embrace* these material points, which I hope to have placed at issue. As to the length of the speeches, I think "twenty minutes" quite too short, especially for the first speeches, which should be at least three-quarters of an hour. However, that matter and the other arrangements, as to the time for the debate, number of evenings, &c., will be left, so far as I am concerned, at the disposal of my friend, Dr. Elliott.

Very respectfully, your obt. servt.,

JAS. KING.

TO J. P. DAKE, M.D.

Friday Evening, Dec. 24th, 1852.

JAMES KING, M.D.

DEAR SIR:—Your note of this morning is before me. In reply, permit me to assure you, that my desire to have the "practical" as well as theoretical points of difference between our systems fully brought out to public view, cannot be less than yours. Had this not been the case, I should not have extended the propositions and invitation which I did through the Gazette.

I was prompted to that action by a wish to show the unreasonableness and injustice of the insinuations frequently made,—that Homœopathy is a useless system in the treatment of disease,—that it consists in *insignificant doses*, et cetera. “*Similia similibus curantur*,” being not only the *law in our theory*, but also the *rule in our art*, I embodied it in my first proposition. If the discussion of that proposition does not show a “*practical*” difference between Homœopathy and Allopathy, then I shall be disappointed.

The “vital test—the trial of drugs upon the healthy,” being, both in theory and in “practice,” *our peculiar* mode of ascertaining how medicines affect the human economy, I embodied it in my second proposition. If there is any author on *materia medica* in your school, who has advocated that mode to the exclusion of all others, I have yet to learn his name.

I am well aware that the principles of Hahnemann are being appropriated in other systems, and so silently as quite effectually to rob him of all credit in their discovery.

The third proposition—that which I have extended to you in our private correspondence—I have given, in order that in its discussion the *truth* may appear, in regard to the *doses* employed in Homœopathic practice.

The three propositions to which I have now referred are before you. I am anxious to enter with you upon their discussion before the public. Since I am the challenging party, and am responsible both for the form and spirit of the propositions, I shall insist upon your accepting them, or any of them, together with the first, *as they stand*, or not at all. I yesterday refused your compound proposition, and offered to drop the second and third, not because I was unwilling to meet you upon every principle of Homœopathy, in “practice” as well as theory; but because I had determined either to discuss those distinct points *separately*, or not at all. I was anxious to meet you on the first, and willing to discuss it apart from the others, because it expressed the sum and substance, the *theory and practice*, of Homœopathy. The other propositions, I can clearly show, must be admitted when this is established.

I hope, sir, your reply to this communication will be decisive.

With sentiments of respect, your most obt.,

J. P. DAKE.

PITTSBURG, Monday Morning, Dec. 27th, 1852.

DEAR SIR:—After having, in your challenge in the Pittsburg Gazette, expressed “a wish that the public may understand the points at issue” between what you are pleased to term the “old and new schools of medicine,” I had hoped you would not allow what you regarded as a matter of form in the statement of a proposition, to hinder you in the accomplishment of your object. But although you considered my amendment to your second proposition as mere superfluous words, not affecting its substantiality, or, in your own language, as “*unnecessary* in form, and *redundant* in spirit,” you, nevertheless, with all your anxiety for discussion, permit this shadow to drive you from the debate.

My position is altogether different. To me the amendment was important as a substance, for without it I could not develope some of the most essentially practical differences between Homœopathy and the science of medicine.

This I will briefly attempt to show.

You proposed to affirm, as a second proposition in the discussion, “That the medicinal powers of matter can be correctly ascertained in no other way than by the vital test—the trial of drugs upon the healthy;” and, according to my announcement in the “Dispatch,” I accepted your invitation, *on condition* that this proposition be amended by adding, as the closing part, the words “according to the provings and practice of Homœopathy.”

Now, although you claim that “the trial of drugs on the healthy” is your “*peculiar mode*” of testing their action on the vital economy, you may readily discover the contrary. By opening the large volumes of Pereira, or the United States Dispensatory, you will observe that the physiological effects of drugs—their effects upon healthy persons—have been carefully ascertained according to our practice, extending, at least, as far back as to the time of the learned Haller, some two hundred years before Hahnemann. But the question of testing “drugs upon the healthy, according to the provings and practice of Homœopathy,” is altogether a different thing. Of that glory I hope no sane physician will ever attempt to rob Hahnemann. He is clearly entitled to that. The difference in the results, of trying “drugs upon the healthy,” as recorded by our observers and yours, is very remarkable. In reference to Sulphur, for example, its effects are described

in our Dispensatory in seven lines, while in the Homœopathic Manual of Jahr, they occupy quite a long chapter.

With us, it is a very simple medicine; with you, it produces symptoms of dropsy, palsy, epilepsy, inflammations, and as many other affections as can be *named* in seven solid pages of octavo! Now as the "totality" of symptoms of a given disease must correspond, in Homœopathic medicine, with such symptoms as its remedy will produce, in order that the remedy may be appropriate, the question, "whether the 'provings' of drugs by the Homœopathists are reliable," becomes, in a practical point of view, important in the last degree. But how is this practical question to be embraced in your proposition without my amendment?

And how can a complete exposure of the fallacy of Homœopathy be made unless the point in this question be presented?

Having thus plainly shown that my amendment, which you regard as merely "unnecessary" and "redundant," is really essential to the end that your wish, to have the "public understand the point at issue" between the schools, shall be gratified, you will be clearly responsible to the people, whose interest you have excited, should they suffer any disappointment, from a determination that your propositions shall be discussed "as they stand or not at all."

In conclusion, as you have requested a decisive answer, I will give you one. Since you would not avail yourself of the privilege accorded, of framing a suitable proposition in your own words, I propose again, for your adoption, the following: "That the provings of medicines by Homœopathists are reliable, and their doses efficient!"

If you are not willing to sustain this proposition, you need not reply to this letter.

I remain, very respectfully,

Your obedient servant,

JAMES KING.

J. P. DAKE, M.D.

PITTSBURG, April 28, 1853.

JAMES KING, M.D.

DEAR SIR:—Although several weeks have passed since the close of our correspondence, I am constrained, by a sense of duty to myself as well as the cause I advocate, to reply briefly to your last

letter. I write, not with the expectation of inducing you to meet me in public discussion, so much, as to show up the *fallacy of your argument* in favor of the amended or compound proposition, and to remind you of the *artifice* employed in the evasion of a discussion with me on my *first* proposition.

In the invitation which I extended to you, through the Gazette, I gave as the second proposition, to which I would affirm, the following:—"That the *medicinal* powers of matter can be correctly ascertained in no other way than by the vital test—the trial of drugs upon the healthy." Now, sir, if you will show me the page in Pereira, or the United States Dispensatory, or in any other work in the *Materia Medica* of your school, which advocates the sentiment contained in this proposition, or even shows a "proving" made in accordance with it, I shall be pleased to acknowledge myself instructed by you. On the other hand, you will find, in reading Hahnemann's *Organon*, or any other work on the principles of Homœopathy, that the "vital test" is a fixed requirement with us, allowing no substitute or variation whatever.

You will also find that our works on *Materia Medica* are composed of provings made in accordance with that requirement.

You said truly, "the difference in the results of trying drugs upon the healthy, as recorded by our observers and yours, is very remarkable." While your trials discover little more than whether a drug acts as a *cathartic*, *emetic*, *diuretic*, or *sudorific*, ours reveal, not only its more immediate and palpable, not only its physiological, but also its physical and more remote effects in the human economy. The fact cited by yourself, that "the effects of sulphur are described in your dispensatory, in *seven lines*" is enough to show how insignificant and worthless are all your "physiological provings."

The effects of Sulphur all told in SEVEN LINES! Shade of Cæsar—your "*Veni, vidi, vici*," is here outdone in comprehensiveness and brevity!

The truth is, the second proposition, as I gave it to you, expresses the exact mode of proving medicines for Homœopathic use, while it has been adopted or observed in *no other school* of medicine.

And yet you complain, that unless I allow you to amend it, by the addition of the words, "according to the provings and practice

of Homœopathy," you will not be able to expose the fallacy of our system. Before making this complaint you should have re-read my first private letter to you, in which, respecting your offered amendment, I wrote, "Whatever latitude you may wish to take in the Homœopathic provings, to accomplish your object, you may feel at liberty to take—but as for allowing such an appendage, I cannot."

Now what better opportunity could you ask, for exposing, to the utmost of your ability, what you consider the imperfections of our *Materia Medica*?

But no!—you would not discuss the *principle*, the *mode* which has been, and ever will be followed, in our trials of drugs.

You will only discuss *the perfectness of our present provings*. This, sir, is what we call, in common parlance, "dodging the question."

Again, my third proposition, "That the doses employed in Homœopathic practice are efficient," you are unwilling to join issue with me upon, as it stands. You would have it annexed to the *amended second*.

Now the ideas contained in these two propositions *may* seem to you "intimately connected," from the fact, that your knowledge of medicines, as well as your therapeutic rules, are nearly altogether derived from trials of drugs upon the sick. But, in reality, the two ideas presented are distinct, and can only be discussed with clearness apart.

Finding you thus determined not to meet me fairly, on the second and third propositions, I offered to drop them, for the time being, and to go on with the discussion of the first, "That *similia similibus curantur*,—like cures like,—is the fundamental law in medicine."

This proposition, expressing the grand principle upon which our system is built, to which all the other principles bear the relations of superstructure to base, we can easily and fully consider aside from all other questions. Should you succeed in disproving this, I would yield the two following without discussion. Without the law "*similia*" there can be no Homœopathy. You perceive, therefore, how readily we may exhibit the chief points of difference between our contending schools, and arrive at the great question, whether in Homœopathy or in Allopathy, lies the "Science of Me-

dicine." But no,—you will not go on. Because I do not choose to let go a *principle*, which you cannot successfully controvert, and because I will not *instead*, discuss the very limited question, as to *the perfectness of our present provings*, you decline the discussion altogether !

Perhaps, now, you may be able to persuade yourself that you are not at all responsible for the failure of the expected controversy ; and, perhaps, you may induce others, acquainted only with your school, to coincide in such an opinion ; but those familiar with our doctrines—those who even know the meaning of the term Homœopathy—can too easily discern the object and bearing of your wonderful fastidiousness. Permit me, sir, in closing, to add that, while I blame you for not allowing the discussion, I entertain the highest regard for you *personally*, especially in that you have not suffered the sneers of your more illiberal and less enlightened brethren, to deter you from a gentlemanly correspondence with me.

With sentiments of respect,

I remain your most obedient,

J. P. DAKE.

P.S.—As there seems to be some dispute between our respective friends, as to *which* of us they must blame for the failure of our proposed discussion, I think it better to publish the letters which have passed between us on the subject. Please acquaint me with your opinion on this course,

And oblige,

J. P. D.

PITTSBURG, May 7, 1853.

DR. J. P. DAKE.

DEAR SIR:—A slight indisposition for a few days has prevented as early an answer to your communication, of last week, as I intended. In reply to your request for permission to publish the letters interchanged between us some months ago, I have to say, that although it is not in accordance with my views of good taste, again to attract attention to our controversy, after so great a lapse of time, yet, if you think it important to you, or, if you can gain more notoriety, by appearing before the public in connexion with our correspondence, I will not refuse to place the matter

thus at your disposal; but if you design to publish your letter of the 28th ult., you will do me the justice to accompany it with this reply.

Your late letter, it seems, was written, to "show up the fallacy" of my views in favor of my amendment and compound proposition, and to "remind me of my artifice in evading a discussion" with you. But to me your argument, notwithstanding the time you have had to elaborate it, has fallen so far short of a conclusive demonstration, that I feel tempted, by way of following your example in the quotation of thread-bare Latin, to express your failure in the worn-out phrase, "*Montes parturient, et nascitur ridiculus mus.*"

In respect to my former remarks in favor of discussing, at the same time, the two ideas in my proposition, expressed by the words, "That the 'provings' of medicines by Homœopathists are reliable, and their doses efficient," I confess I can see nothing in all you have said, which refutes them, unless your naked assertion, that "they could only be discussed with clearness apart," can be so considered. But even here I could not be regarded as seeking any advantage; for my difficulty in the discussion, from this cause, would not have been less than yours.

You still contend that your second proposition, referring to the "trial of drugs upon the healthy," expresses a mode of proving drugs *peculiar* to you, without the addition of my amendment; but this I have already shown is not *sufficiently apparent*, as you would have understood, had you rightly comprehended my allusion to Pereira and the Dispensatory, which contain the most abundant evidences of "our trials of drugs upon the healthy." Indeed, you admit that we thus test drugs, when you speak of certain physiological effects which our trials discover, and contrast them with the *effects upon the soul*, or psychical effects, as you term them, which the medical transcendentalism of Homœopathy "reveals." Admitting this as you do, however astounded you or even Cæsar's ghost might be, at the descriptions which learned physicians have given of the results of such trials, it becomes evident that the second proposition does not refer exclusively to your mode, unless my amendment, according to the "provings" and practice of Homœopathy, or something of the kind, be added. But even granting, as you assert, that your pro-

position does refer to, and "express," your "peculiar" and "exact" mode, the amendment certainly expressed *no more*, and was as you say, "redundant;" so that in suggesting the amendment, you cannot with propriety charge me with attempting in any way to gain an advantage. Why then, if you think the point for which I contended, so immaterial and unimportant, did you not concede it, at once; especially, if you were really serious in your expressions of anxiety to meet me in discussion.

It is true you offered me greater latitude in the discussion, than I supposed would be allowable, under a strict construction of the proposition; but as that was too indefinite, and besides, calculated to introduce into the argument matters irrelevant to the question discussed, I told your friend, Mr. Burgher (in the answer promised in my first note), that I could not accept any privilege in debate, not fairly warranted by the terms of the proposition before us. I asked not, nor could I receive anything from Homœopathy, as a matter of favor. No, sir, my "wonderful fastidiousness," whatever "bearing" it might have, could not *bear* that.

But it seems, after four months' examination of my letters, you have discovered a new proof of my "artifice in evading a discussion." You have found that I, like an artful *dodger*, was seeking to lead you off from a discussion of the *principle* of the Homœopathic provings to that of the *perfectness* of the results. I should think only that a microscopic eye, which can discern in the millionth of a billionth of a grain of sulphur or charcoal, virtue enough to affect both *body and soul*, could ever have detected any reference to the *perfectness* of your provings in any proposition I submitted. Sir, I did not ask you to sustain the position that your "provings" were *perfect*, but only that they could be depended upon—that they were *reliable*. Read again my proposition, at the close of my last letter, and see the word "reliable;" or, read again my amendment, and tell me wherein it affords you the slightest grounds for the declaration, that I would not discuss *the principle*, *the mode* followed in your trials of drugs, but only the *perfectness* of your present "provings." No, sir, I proposed nothing which would thus change the import of the question you offered to debate; and your charge to the contrary, if made before, would have had scarcely the merit of an ingenious subterfuge, to escape

from the dilemma of a discussion, in which an unexpected acceptance of your challenge was about to involve you.

But you have proposed to limit the discussion to the first proposition alone; and in reply to my suggestion, that the merits of Homœopathy, as a *practical* system, would not be presented in the discussion of a question so entirely *theoretical*, you have endeavored to persuade me that the determination of that first question would settle all the rest; inasmuch as the phrase "*Like cures like*"—more brief and comprehensive even than "*Veni, vidi, vici*"—"expresses the *sum* and *substance*, the *theory* and *practice* of Homœopathy." But, in addition to what I have already said on that point, let me simply ask, if your first proposition embraced the whole ground, why did you think it necessary to submit two additional propositions?

It is unnecessary to proceed further; but I will add, that the unmerited compliment paid me at the close of your letter, was based on a mistaken and unjust estimate of the character and feelings of my medical brethren. The imputation of ignorance and illiberality may not be properly applied to the members of my profession in regular standing; and, so far as I am aware, their *sneers*, of which you speak, existed only in imagination. Though all my friends must know that I could but feebly, and most inadequately present the merits of our cause, yet all, with whom I conversed, manifested so much approbation of my course, as to intrust the truth with confidence to my defence against a Homœopathist.

And now, in dismissing this subject, let me assure you that no word, during this whole correspondence, has been written by me through disrespect for you, personally; though some things may have escaped my pen indicative of that unmingled antipathy, which, after a careful examination, I feel towards your inefficient and mischievous system—a system I am grieved to see some conscientious and intelligent men so ardently espousing.

Very respectfully,

Your obedient servant,

JAS. KING.

PITTSBURG, May 19th, 1853.

JAMES KING, M.D.

DEAR SIR:—Your letter of the 7th inst. I received, and would have answered, days ago, but for the pressure of professional

engagements. While I endeavor to notice a few points in that letter, I cannot avoid expressing my surprise, that you should so far have forgotten "good taste" and usual courtesy, as to make the insinuations couched in the terms, "if you can gain more notoriety, by appearing before the public in connexion with our correspondence;" and farther on, "it appears, after four months' examination of my letters, you have discovered a new proof of my 'artifice,' in evading a discussion."

The thought of publishing our correspondence never occurred to me, till your friends began to report that *I had receded from the discussion*. What course more fair and proper could be adopted, to inform both your friends and my own as to the *facts* in the case? Nor am I aware, that it is *bad* "taste," even after the lapse of four months, to correct wrong impressions.

For the sake of *truth* and *correct opinion*, sir, and not for "*notoriety*," would I have the letters published.

As for your second phrase, noted above, I can scarcely tell whether it savors most of arrogance, or of a wish to detract from my ability to read and understand common English. I am inclined to think it smells strong of both.

Permit me to inform you, that after reading, with usual care, your letter of December 27th—the last clause of which is this, "If you are not willing to sustain this proposition, you need not reply to this letter"—I laid it in my drawer, abandoning altogether the expectation of a discussion with you; and, in accordance with your request, sending back no reply. In April, hearing the report circulated by your friends, that *I had receded* from the discussion, and conceiving the idea to publish the correspondence, I looked again at the letters. *Then* I took up my pen to write an answer to your last. You may apply "*ridiculus mus*," or whatever other epithet you choose, to that production; but the insinuation that I gave your letters four months' examination," or that I spent that time in "elaborating" a reply, could be made by an intelligent opponent, only when conscious of a weak cause.

In reference to your compound proposition, it is hardly necessary for me to add a word to what I have already written. I will, however, ask why, if there could be no advantage in having the sentiments of the second and third propositions stated distinctly and separately, do we have some works devoted to *Materia Medica*

and others to practice, or the use and size of doses? and why, in all our colleges, one chair to teach the former and another the latter? If, as you say, you have made "a careful examination of Homœopathy," you very well know, that in our books the proving of drugs upon the healthy, is taught and explained in sections entirely distinct from those which afford instruction for the preparation and size of doses. But suppose your compound to be just, clear and logical; with equal justice, clearness, and logic, we may mix in the first proposition, and have the following:—That the principle of Homœopathists, "like cures like" is true; "*their provings reliable, and their doses efficient!*"

Now, whatever may be your "views of good taste," I am not willing, before an intelligent public, to enter upon the discussion of such botched, unscientific propositions.

The points, as I gave them to you originally, were clear, and could be disposed of in their order, without injustice to the subject, you, or the public.

As to my second proposition, "I still contend that it expresses a mode of proving drugs, *peculiar* to us, without the addition of your amendment;" nor have you yet shown any facts to the contrary. I perfectly understood, and "comprehended" your reference to Pereira and the United States Dispensatory, and in reply, asked for the page on which may be found the sentiments contained in my second proposition, or a proving made in accordance with it. I assert, without fear of successful contradiction, that neither before or since the time of Hahnemann, has your *Materia Medica* set forth, *fully and clearly*, the effects of drugs "accurately ascertained" by trials on the healthy. While I entertain the highest respect for those in the medical profession, who were eminent and useful in their day, I can by no means venerate their opinions or follow their rules of practice. "Learned physicians" asserted, in all their dignity, that the *blood did not circulate*, and manifested their "unmingled antipathy" to such a theory, by the abuse of Harvey! and "learned physicians" ridiculed the idea of preventing small-pox by vaccination! It matters not how many "learned physicians," assert that "the effects of sulphur are described in seven lines;" it is contrary, altogether, to the light and experience of our age. As a *notion of antiquity* I pass it by, but as a fact, exultingly held up by an intelligent physician of the day, *I laugh at its ridiculous appearance.*

Alexander partially and very imperfectly tried some medicines upon himself, and Haller *recommended* the plan; but where are recorded "the effects of drugs upon healthy persons," which you assert were "accurately ascertained during a period of two hundred years before Hahnemann?" But to show you that neither in rashness, nor alone, I have dared to question the correctness of your drug-tests, and the value of your *Materia Medica*, I give the following from *Girtanner* and *Cullen*.

"*Our Materia Medica is nothing but a careful collection of fallacious observations, which medical men have made at all times.*"—GIRTANNER.

And again, "*The writers on Materia Medica abound with numberless false conclusions, which are, however, supposed or pretended to be drawn from experience. Such, indeed, is the state of this matter, that nobody can consult these writers with any success or safety, unless he is prepared with a great deal of skepticism on the subject.*"—CULLEN. "*A concise view.*"

In conclusion, upon this point, I must remind you that at the present time, the Allopathic school, so far from following what you "deem an important rule," *do not* "ascertain accurately, the effects of drugs upon healthy persons," before giving them a place in the *Materia Medica*; but generally, and nearly altogether, *infer* their medicinal powers, from their chemical or botanical properties, and from their operations, witnessed in the sick. The effects gleaned from reported cases of poisoning, observed accidentally, cannot be said to be "accurately ascertained."

The "vital test" best suited to the materialism of Allopathy, is the trial of drugs upon healthy rabbits, cats, and dogs; for while such provings would reveal their emetic, cathartic, diuretic, sudorific, and other *tangible* effects, the imagination of the learned observers would not be frightened by emotional, mental, or "psychical" symptoms.

Having clearly shown that my second proposition expressed only our peculiar mode of proving medicines, it follows that your amendment was "unnecessary in form, and redundant in spirit." You have repeatedly asserted, that I regard your amendment "immaterial and unimportant." In reply now, once for all, I say, while in the *elucidation* of my proposition, it was "immaterial and unimportant," as a *redundancy* it was only ridiculous,

and, in a scientific discussion, wholly inadmissible. I hope you have not yet to learn, that what, in *one point* of view is "immaterial," may, in another, be *materially* objectionable. Besides, had I yielded to such an amendment, I must at once have suffered an inference, altogether *untrue*, that aside from the Homœopathic, there are other schools of medicine in which the Materia Medica is composed of "provings" made upon healthy persons. Holding such views, sir, I could not, with all my anxiety to meet you in discussion, accept your amendment.

You contend that, "under a strict construction of my second proposition," you could not expose the "fallacies" of our Materia Medica; and that the privilege accorded, of taking wide latitude in our provings, would be too much of a "favor" for *you* to receive from *Homœopathy*. But let us see;—all the Homœopathic provings are made in accordance with the sentiment of that proposition. In disproving that sentiment, you would not only be "permitted," but expected and *required*, to ransack our volumes of *Jahr* for examples and illustrations. It appears, therefore, that for *your own purpose*, the amendment was uncalled for; and that the opportunity of ridiculing, to your entire satisfaction, the "transcendentalism of Homœopathy" was clearly afforded in the terms of my proposition, and not by any especial favor.

I come now to the chief point in dispute—the "dodging," or change of issue, attempted in your compound proposition. I asserted, and will now *prove*, that you did propose to discuss the "*perfectness*," instead of the "*principle*," of our provings.

While you have claimed the sentiment of my second proposition, as belonging also to your school, you have never once intimated that our trials of drugs were not made in strict accordance with it. Since, in our trials, we follow *no other principle* than that which you admit to be true, we come irresistibly to the conclusion, that when you question their "reliability" you question their "*perfectness*."

Read over your compound as often as you like, and yet you will find no means of escape from my charge, that you did endeavor to change the issue—to substitute a very *limited* for a general question—to discuss the value of the *present results*, instead of the enduring *principle* of our provings. Aware, as you must have been, that I would never allow such a change in the form and import of my propositions, your insisting so strenuously upon it

evinced something like a determination to evade a discussion, into which the goadings of the press were about to force you.

In regard to my first proposition, which I offered to discuss with you, aside from the others, I reassert, and will *prove*, so far as necessary in the present controversy, that the "law *similia*, once established, all the other principles in the Homœopathic system must follow by necessity." "*Similia similibus curantur*," requires such medicines to be used, in the healing art, as are known to produce symptoms or sufferings in the healthy, similar to those for which they are prescribed in the sick. This law established, the question arises, how shall we learn the symptoms or sufferings producible in the healthy by our medicines? Necessarily, by the "vital test"—the trial of drugs upon the healthy. Again, since such remedies are administered, as may *aggravate* or *increase* the very troubles we would relieve, the question arises, what shall be the quantity used—the size of the doses? Necessarily, the *smallest* that can relieve.

Here, then, you must see how my first proposition completely covers the second and third. I repeat, "should you succeed in disproving the first, I would yield the two following, without discussion." Thus you had, and still have, the fairest opportunity of demolishing our system, in the overthrow of the very proposition concerning which you once wrote, "I am provided with the requisite material to discuss it."

But you ask, "If your first proposition embraced the whole ground, why did you think it necessary to submit two additional propositions?" Surely this question is not hard to answer. I added the two simply to make more prominent the minor points—the trial of medicines and size of doses. Inasmuch as your objections to Homœopathy would chiefly bear against those points, I chose to set them out where you could have the fairest range at them. All the books, lectures, or sick-room thrusts, made against our system, have dwelt and "made merry," not upon our *law*, but upon the "transcendentalism" of our "provings," and the *insignificance of our doses*. Willing, therefore, to grant what the propensities of your school are so ready to take, I set apart from the main question, a second and third, upon which you might exercise your fund of wit and ridicule; and thus exhibit more fully the kind of *arguments* used against us.

At the close of your letter you say, "The imputation of igno-

rance and illiberality may not be properly applied to the members of my profession, in regular standing." In this extravagant assumption, you evince a degree of hardihood which I did not think belonged to you. The members of "your profession" have *always* been distinguished for their "illiberality" and intolerance; and who does not know dozens of them, noted only for their "ignorance" and stupidity?

And farther, you say, "So far as I am aware, their *sneers*, of which you speak, existed only in imagination." In reply, I must inform you that a "member of your profession, in regular standing" (and, I think, an officer in your County Society), gave, as a reason why you would not meet me in discussion, that "you feared being run out of town by the 'regular' physicians." Let me ask,—did you not tell Mr. Burgher, that you had been censured by some of your brethren, for having anything to do with me or my challenge? Being resolved, by all fair and honorable means, to oppose an old, wide-spread system of empirical drugging, but for which thousands would now be living who are numbered with the dead,

I remain, with sentiments of respect,

Your most obedient,

J. P. DAKE.

BIBLIOGRAPHY.

WOMAN'S MEDICAL GUIDE. Containing Essays on the Moral and Educational Development of Females, and the Homœopathic Treatment of their Diseases in all Periods of Life, together with Directions for the Use of Water and Gymnastics. By J. H. PULTE, M.D., Professor of Obstetrics, &c., in the Western Homœopathic College. Pp. 336, 12mo.

We take pleasure in commending this work as a useful collection of information and advice for females. The first part of the work is devoted to the consideration of woman's physical and moral development,—her social position and destiny; and, in discoursing upon this topic, the author has passed over no period of the life of the human female, from infancy to old age, without due consideration of its importance in relation to those which succeed or have gone before.

The second part treats of the diseases of women, their description, and Homœopathic treatment, &c. In this department of the work, the author has accomplished a valuable design; and, without prolonging our notice

farther, we would commend it to the favorable notice of the profession as a suitable work for the use of the female patrons of Homœopathy; and we hesitate not to offer the assertion, that our cause will be advanced, and the work of medical reform will go on more rapidly, were the profession to commend the work to ladies as suitable for popular perusal.

DR. FRANZ HARTMANN'S DISEASES OF CHILDREN, AND THEIR HOMŒOPATHIC TREATMENT; translated with notes, and prepared for the use of the American and English Profession, by CHARLES J. HEMPEL, M.D., Fellow and Corresponding Member of the Homœopathic Medical College of Pennsylvania, the Hahnemann Society of London, &c., &c. Pp. 513, 12mo. New York: WM. RADDE.

It must be conceded that a work on the Homœopathic treatment of diseases of children, if a work of merit, justly demands the attention and patronage of the profession. From a hasty perusal of the work before us, we are inclined to entertain the most favorable opinion in relation to it. It is neatly printed, and we should think its present form, with the appended notes, did credit to both publisher and translator.

A TREATISE ON APOPLEXY. With an Appendix on Softening of the Brain, and Paralysis, based on H. J. Rückert's Clinical Experience in Homœopathy. By JOHN C. PETERS, M.D. Pp. 161, 8vo. New York: Wm. Radde, &c.

We can but little more than call attention to this work at present. From a hasty perusal, we incline to the opinion that it contains much that is valuable and useful, while, perhaps, some things might be pointed out liable to valid objections.

TYPHOID FEVER, AND ITS HOMŒOPATHIC TREATMENT. By Aug. Rapou, Docteur en Médecine de la Faculté de Paris. Translated by M. Coté, M.D., Cincinnati. Pp. 114, 12mo.

We would recommend this work as a very creditable effort to supply a want, at this time existing in the profession; and if it is not all that is desired upon so important a subject, it may be regarded an important aid in pointing out a more useful service for some one to perform for the good of the profession.

[It will be observed by our readers, that a discussion has been carried on in our columns between Drs. Hempel and Lippe, concerning the merits of the Complete Repertory to Jahr's Symptomen-Codex. We have admitted several articles from these gentlemen, in successive numbers of this Journal, until we thought they had said about all they had to say, and the remarks grew rather personal. They are willing now to "bury the hatchet," and leave the book with the profession, who will decide upon its intrinsic merits and worth. The follow-

ing communication was received too late for the June issue, and, as we wish to deal justly with both gentlemen, we insert it, with the understanding, that nothing farther is to be published in the Journal on the subject.—ED.]

EDITOR OF PHILADELPHIA JOURNAL OF HOMŒOPATHY.

DEAR SIR,—I have been urged by a number of friends of our cause not to take any further notice of the scurrilous abuse which a certain writer, who signs himself A. Lippe, is pleased to heap upon my Repertory; but his last communication is so replete with malicious statements and positive falsehoods, that I am not disposed to let it pass without a cursory notice. He accuses me,

1. Of *wilful perversions and omissions*. In reference to this charge, I have been informed by a distinguished legal gentleman of this city, that it is libellous and actionable. I therefore propose the following:—either, that Dr. Lippe bear the burden of a libel-suit, when he will have an opportunity of substantiating his slanderous accusations; or, that the original manuscript of Dr. Hering's preface, such as it was returned by me to the author, be deposited into the hands of a committee, composed of Messrs. Gardiner, Lippe, Hempel, and any additional number of competent judges, and that this committee, after instituting a careful comparison between my translation and the original manuscript, report upon Dr. Lippe's charge of wilful perversion, with the understanding that, if the charge is not substantiated by the spirit and the letter of the original documents, Dr. Lippe stands convicted of libel.

2. Dr. Lippe charges that Dr. Hering had to send his manuscript to Germany for the purpose of doing himself justice. This is a downright falsehood. Dr. Hering sent his manuscript to a German periodical, for the purpose of assailing Drs. Noack and Trinks. At that time, Hering had a fierce controversy with Trinks and Grieselich, in which the Doctor was very severely handled. It is well known, that Trinks and Grieselich look upon Dr. Hering's contributions to our science with any other feelings than those of confidence and respect. It is to crush Dr. Trink's Manual that Hering wrote his Preface. To put down such opponents, Hering would have gladly written a dozen prefaces. One certainly was not enough, nor a dozen either, for that matter. Any one who will take the trouble to read my translation of Dr. Hering's Preface, will find that it is a perfectly homogeneous whole, and that it must be an integral emanation from one and the same mind. However, I have proposed a judicial or quasi-judicial examination.

3. Dr. Lippe charges that Hering's Preface was written before he had seen the Symptomen-Codex. If this be true, it follows that the Preface was not written for the Symptomen-Codex, but for the purpose above stated, to crush Trink's Manual. But the charge is false. I can prove,

by a dozen witnesses from Philadelphia and New York, that every number of the *Symptomen-Codex* was sent to Dr. Hering, and that I had to wait full six weeks for Hering's manuscript after the last number of the *Symptomen-Codex* was out.

4. Dr. Lippe charges that there are only two remedies for warts mentioned in the Repertory, viz., *Thuja* and *Calc.* Lippe has never taken the trouble to look at a single page of my Repertory; all his malicious defamation of my Repertory is based upon a very cursory perusal of the index. But, in his hurry to wrong me, he overlooks the figures in the index opposite "warts." In the index he finds, for example, the number 1097, and, in turning to page 1097 in the Repertory, he will there find a record of some twenty-six remedies for warts, wens, and condylomata. Is it just, Mr. Editor, that an intelligent man should be obliged to waste his time in replying to such blundering critics as Dr. Lippe seems to be? And, I ask you, furthermore, is it right that I should submit to criticism, which has for its object to break down, by foul charges and falsehoods, a work that has been commended by several professors of your College, and which has even quite recently been honored with a most flattering notice in the *British Journal of Homœopathy*?

CHARLES J. HEMPEL, M.D.

NEW YORK, May 20th, 1853.

MEDICAL NEWS.

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

It will be seen by our readers, that the sixth annual announcement of the Homœopathic Medical College, located in this city, has been issued. It must be a matter of pleasure to the friends of genuine medical science, to witness the prosperity of this institution. The indefatigable efforts of those who have labored in the rearing of so flourishing a school, have by no means been wasted upon a thing of no importance. It was not from motives of gain, that those who first interested themselves in the enterprise, persevered with such energy against the formidable obstacles that usually oppose the progress of every similar institution in its incipient stage. It was from no other motive than to establish a new source of instruction for the benefit of society. In contending against the influence of foes from without, the corporation of the College have had no reason to complain of want of success. But these foes are not always the most to be dreaded;—those within the camp, who are in a situation to engage more meanly in a less honorable warfare, are the ones calculated to do the most mischief. But

the Board of Managers, ever watchful of the interests of the cause in whose behalf the College was founded, have labored night and day to place the institution on the most desirable footing. They have not tried to please the foes from without, neither have they been swayed, moved, or even dismayed, by foes within the Homœopathic ranks. No effort has been wanting to build up the College in the right way, and founded as it is, upon the rock of truth, as well might we expect the downfall of *time*, as to anticipate anything like its overthrow.

With a single eye to the interests of medical students, the Board of Managers have been constantly at work in making every possible improvement. They have sought for the most competent teachers for the various branches of medical science. The Board of Professors at the present time is full. The able incumbents of the chairs of Practice and Surgery having resigned at the conclusion of the last course, after careful deliberation and inquiry, the vacancies were filled by gentlemen of the highest standing and respectability in the profession. We congratulate the whole Homœopathic profession at the prospect that presents itself with regard to the Homœopathic College. There is no branch of science omitted in the curriculum, at all necessary to the most thorough and complete medical education. The universal law of cure will be fully recognised as being at the foundation of Therapeutic science, and because the science of Homœopathy is a universal science, with regard to medicinal agents, as much so as that of Astronomy, with regard to the heavenly bodies, the chair of *Materia Medica* will not only be able to give the natural history of every variety of medicinal agent, as well as its mode of preparation, but also the law that determines how and when it should be used. We may add further, that the museum of the college has been very much enriched, and much splendid apparatus has been added.

The Homœopathic Hospital of Pennsylvania is now in successful operation. After considerable perseverance and energy on the part of the Hospital Board, the public seem somewhat enlisted in the success and prosperity of the enterprise. The number of patients now under treatment at the Hospital is as great as can well be accommodated. Applications for admission, however, are so frequent and numerous, the board are laboring to render the means of accommodating them more extensive, and we are inclined to the opinion that the Hospital, capable of being fitted up with a hundred beds, will be in constant requisition for as many as it can be made to accommodate in the most comfortable manner.

The next course of lectures will commence in the College on the 10th day of October, of the present year, and from the encouragement received from all parts of the United States, we predict the attendance of a large class.

PHILADELPHIA

JOURNAL OF HOMŒOPATHY.

VOL. II. — SEPT., OCT., 1853. — No. VI., VII.

ORIGINAL COMMUNICATIONS.

REMARKS ON THE ALTERNATION OF REMEDIES.

BY WILLIAM E. PAYNE, M.D.

IN a former article we took occasion to state, very briefly, our views of the necessity of alternating remedies in the treatment of the sick; and also, to suggest the probable philosophical grounds upon which such necessity rests. We wish, now, to elaborate some parts of the subject a little more fully, as we hope, at a future period, to give some practical results confirmatory of this view of the subject.

We stated it as a corollary legitimately deduced from the homœopathic maxim, *similia similibus curantur*, that a single remedy is sufficient for the cure of a single case of disease. From this conclusion we think no one can escape, who acknowledges the truth of the homœopathic law. And yet we see that disease, as manifested in a single individual, rarely can be cured by a single remedy. With this fact before us, and a non-admission of the presence of multiplied morbid causes in the same individual, the homœopathic law becomes a nullity. But the acknowledgment of a fundamental difference in the character of *acute* and *chronic* maladies, relieves us from the force of this apparent inconsistency, and also furnishes us the ground of *necessity* for the very course which every homœopathic physician finds himself obliged to pursue in the treatment

of nearly every case of disease which comes under his care, viz.: the *alternate* or *successive* employment of remedies in individual cases.

It is an axiom, at least in natural philosophy, that like effects can result only from the operation of like causes; and conversely, effects arising from different causes must differ in essential characteristics. *Acute* and *chronic* diseases differ in their concurrent symptomatic developments, and unless they form exceptions to one philosophic axiom, must differ essentially. A few of their more prominent points of difference are, the manner of their development, their violence and continuance; and in their inherent capacity of resisting the recuperative powers of the organism. In the one case, the manifestation is usually sudden, or without much warning—course rapid, and termination often in health by the unaided efforts of nature: while in the other, the manifestation is slow, apparently coming up with a tardy, but unfaltering tread, from the very depths of the constitution—wasting by a slow, yet sure process, the receptacles of physical life, and never quitting its hold upon the organism without the intervention of art. By a limited comparison, then, a radical difference may be seen in the essential character of these two great classes of disease. Hahnemann has given us the key to this difference; or, at least, he has indicated the direction in which we are to look for the origin of chronic maladies in contradistinction from those of an acute character.

Acute maladies arise from impressions made from without; or those which lie extraneous to the body, such as atmospheric changes, which suddenly arrest the *trans* and perspiratory processes, malarious influences, etc. By these extraneous impressions the eliminating process, carried on by the various emunctories of the body, whereby is removed continually effete matter, or that which cannot, from its heterogeneous nature, become an integral part of the organism, is arrested by a sudden corrugation of the secernent system, or, as it were, reversed. The various secretions and excretions are thus forced back upon the organs from which they are expelled for the maintenance of the integrity of the organism. This reversed movement rouses into increased activity the recuperative powers of the system for the purpose of protection from the invasion, and hence follow, what we may usually observe, the alternate oppo-

site states exhibited in the accession and development of acute maladies, viz. : a diminution or entire suspension, for an indefinite period, of all the natural secretory and excretory functions, followed, as the result of the reactive energies of the system, by an increased excretory flux, as in diarrhœas, perspirations, augmented urinary discharges, blennorrhœa of the air passages, ptyalism, biliary excretions, &c. This reactive process often repels the invasion without aid, and the various functions of the animal economy resume their ordinary course, and go on as if nothing had disturbed them.

Chronic maladies differ from this, essentially, in their character and course. Instead of arising, like acute maladies, from impressions made from without, they are inherent in the constitution—having originated in a long persistent violation of truth in the mass, on the one hand, and a violation of affectional emotions on the other; or, in other words, in a long-persistent violation of hygienic truths, or the laws of physical life, such as those relating to cleanliness of the body, temperance in eating and drinking, the quality of the aliment used, orderly habits of life, etc.; and in a violation of affectional emotions, as exhibited in inordinate, promiscuous, and filthy sexual indulgences. The effects of these violations have been, and still are, reflected to the surface of the body, for the safety and protection of the more important organs, where the process of disorganization, which must necessarily follow, is carried on in the form of cutaneous and scabby eruptions. This is the order in which nature works in her restorative processes, viz. : from the centre towards the circumference, or from above downwards. The more interior, or noble organs, first manifest relief if the cure has, in reality, begun. Nature, in the cure of diseases, always exhibits her operations in this order, and if unmolested by interference from without, removes the more active phases of disease from the great central organs to the extremes; or to those organs subsidiary to the great animatory centres. But Nature, in her benevolent efforts, has been thwarted by the interference of the medical man. In his mistaken views of her sanatory tendencies, instead of acting with her, he has, alas, too often acted against her—effecting, by his operations, simply a retrocession, when he thought he had performed a cure. Thus, by a continued disorderly life with man, and a false procedure of the physician, the whole

constitution has become deranged; and by a constant law in generation, the transmission of similitudes, this derangement is now the common inheritance of mankind. The germ itself, and foetal organization are defective. There is, in the rudiments of the future being, the initiatives of premature decay. The whole assimilative process is imperfect, and the physical organism, in its formation and sustentation, to an indefinite extent, is slowly developed into anomalous shapes and morbid productions of various kinds, which proceed on, if not arrested, to a final dissolution. The infant presents the marks of physical disease, as he, in the successive development of his nature, in act, shows the moral depravity common to the race.

In various ways, through a long series of years and generations, and little by little, has this chronic diathesis been developed. From causes inexplicable at the present time, it may, and often does, remain in a latent or dormant state in one or more generations. But during this cessation of activity, it seems to gather additional strength for its future progress. Sometimes, apparently, the most trivial agents will rouse it into activity. Generally, however, acute maladies, or sudden impressions from without, are the more ready and powerful excitants of this Protean enemy of the human race. Thus we see *Phthisis Pulmonalis* multiplied to an alarming extent after an epidemic *Influenza*; and *Dyspepsia*, and organic affections of some portions of the alimentary canal, following in the train of *Dysentery* and *Diarrhoea*, &c. And here we will express our belief, that he will prove himself the better physician who, through a wise discrimination, seizes upon this as the more favorable moment to remove this chronic diathesis, and thus restore the organism to a state of integrity.

A chronic disease is difficult of cure just in the degree that its transmissions have been multiplied. If it has arisen from a direct suppression of those cutaneous eruptions which are thrown to the surface by the recuperative powers of the system, for the protection of the more vital organs, and which never, unaided, yield to the sanatory efforts of nature, such as *Psora*, &c., the cure is usually prompt and certain, if the case comes under medication before disorganization has proceeded beyond certain limits; for there is a point in the progress of disease, beyond which neither science nor art can avail. But when it has been transmitted from generation

to generation, and especially when it has become, as it were, localized, the difficulty is immeasurably increased; and every succeeding transmission renders a favorable termination more doubtful, until at last it passes beyond the reach of the best-directed means. This is more especially so when the tendency is to that form of disease called tubercular phthisis, by which whole families are often swept off; of organic affections of the heart; of scirrhus affections; of blindness; of deafness, &c.; either of which, if the result of direct suppression of a cutaneous eruption of the character above described, it may be promptly cured; and in such a case we may give our patient a confident assurance of a favorable termination. But if we find these morbid tendencies congenital; if we can trace *Phthisis Pulmonalis*, for example, back through a long line of progenitors, we may with almost absolute certainty pronounce it beyond the reach of art, unless it come under the influence of well-directed remedies prior to the full development of the organism. A successful treatment of such forms of disease must commence in childhood; or before the organism is fully matured; or when it is undergoing rapid transitions. Here, it seems to us, is the peculiar mission of homœopathy. It is to regenerate the physical organism, by restoring, or reconstructing this defective embryotic and foetal organization, the prototype of which we may find in the parent, and to the parent we may often be obliged to go for the characteristic features of our picture, in order to perform the cure.

Although our *Materia Medica Homœopathica* is yet defective, and must of necessity remain incomplete till it embraces every agent capable, in a dynamic condition, of disturbing the vital forces, yet we shall find ourselves better panoplied for the combat, in our present resources, if we keep in mind the distinguishing features between *chronic* and *acute* maladies, and the necessity of holding the former in check while we combat the latter, by *alternating* such remedies as are homœopathically adapted to the dissimilar conditions.

To illustrate our ideas more fully, we will take one form of disease called, in technical language, *Searlatina*. The general febrile condition, erythema, and angina, together with some other symptoms of less prominence, constitute a simple disease; and when uncomplicated with constitutional tendencies, is subject to the

influence of a single remedy. In Hahnemann's day it appears that the frequently recurring epidemic, denominated *Scarlatina*, presented, in its general aspect, a perfectly smooth, glossy, bright scarlet erythema, which disappeared on pressure, but instantly returned when the pressure was removed, and gradually extended from above downwards, with no definite line of demarcation, but imperceptibly losing itself in the surrounding white skin; a dry, violent, burning heat in the fauces, which presented the same scarlet appearance, with erysipelatous swelling of the parts, and difficult and painful deglutition; pulse strong, or small and quick, and burning heat over the whole body. These were the prominent symptoms of that form of disease so successfully treated by Hahnemann and his colleagues, with *Belladonna*. This is the true *Belladonna Scarlatina*, which will yield as readily now as ever to this remedy alone, in all instances uncomplicated with a *psoric* or *syphilitic* diathesis. In subjects belonging to parents, where the *psoric* or *syphilitic* diathesis prevails, even if the above described symptoms are well marked, *Belladonna* cannot, unaided, effect the cure. It will perform its work strictly according to the great homœopathic law; but the chronic tendency which has been roused into activity by the operation of the *scarlatina miasm*, it cannot reach. Such remedies as bear a strictly homœopathic relation to the chronic symptoms, as they have existed, either in the subject, or the parent, must be alternated with the *Belladonna*, in order to conduct the case on to a successful issue.

Admitting the truth of this aspect of the subject, how, it may be pertinently asked, are we to select our alternating remedy in *Scarlatina*, inasmuch as this disease is confined to that period of childhood in which we can rarely trace any active indications of a chronic diathesis? And if we are to go to the health of the parent for the record of symptoms which we are to cover with one alternating remedy, to which parent, it may be further asked, are we to go for the record, inasmuch as both may be subjects of this morbid state? Here, doubtless, there is, and ever will be, more or less of difficulty; but even here, we think, a standard of certainty may be very nearly approximated. We believe, that the transmission of disease, with all its active local tendencies, is subject to the same law that controls the transmission of mental likenesses and bodily conformations. If this be so, we should then expect to find, in the

offspring, a tendency to the same form of disease which we find active in that parent to which the child bears the strongest resemblance, both mental and physical. To this parent, then, we are to go for the record of those symptoms which are to indicate the choice of our alternating remedy. Thus, and thus only, can we meet all the morbid activities in individual cases; and thus, and thus only, can we explain the necessity, to which we are all driven, of employing more than one remedy in a single case of disease.

In looking over the more reliable annals of Homœopathic practice, we find that our most satisfactory cures of epidemic *scarlatina*, and also other formidable diseases, such as *hydrocephalus acutus*, *cholera infantum*, *dysenteria pneumonitis*, *febris nervosa*, etc., have been effected by alternating the specific for each form of disease, as indicated by the acute symptoms, with an antipsoric. It is true, the selecting of the alternating remedy was, somewhat, empirical, and perhaps wholly so beyond what was known of its antipsoric qualities, nevertheless it proved homœopathic, and proving so, it was, as a matter of course, successful. But we are not to confine our choice of the alternating remedy to the list of remedies designated by Hahnemann as *antipsoric* and *antisiphilitic*. The remedy that covers, homœopathically, the constitutional symptoms, is to be selected, whether it ever has been used in chronic maladies or not.

In searching the annals of homœopathic practice, with this aspect of the subject before us, we shall meet, at almost every step, reliable cases, which bear strong testimony to the truth of our position. We shall, however, call the attention of the profession to but a single report, which we regard as instructive, because it bears directly upon our presentation of the matter in all its parts. This report, which was made by Dr. Elb, of a terrible scarlatina epidemic, which prevailed in the city of Dresden, and other parts of Germany, in 1845, may be found in the *British Journal of Homœopathy*, pp. 33 to 48, copied from the *Allg. Hom. Ztg.*, vol. xxxi. p. 227. We do not propose here, an analysis of this report, but shall make, merely, some general statements respecting it. Dr. Elb, in the report under consideration, gives us the general features of this epidemic, and informs us that *Acon.* and *Bell.* totally failed, except in some slight cases, which recovered under the employment of these remedies. But that these recoveries were due to the in-

fluence of *Acon.* and *Bell.* he regards as equivocal. Other cases, he says, seemed to indicate the use of Bry., Acid. phos., Phos., Carb.-v., Acid. mur., Arsen., Rhus tox., and Amm. carb., "nevertheless all these are nothing." A large proportion of the children attacked, fell victims to this malady; and he was not successful until forced by the necessities of the case, to consider other remedies, among which was *Calcarea carbonica*. After the use of this remedy, he says, every case in his practice recovered. There were some cases, however, presenting marked cerebral disturbance, which called for another remedy. This remedy he found in *Zincum*.

In contemplating the picture which Dr. Elb has given us of this epidemic, we think we are warranted in saying that he had nothing to do, in treating it, but to meet the constitutional disease which was roused into activity by the scarlatina miasm; and which corresponded so fully with *Calcarea carbonica*, and *Zincum*, that no other remedy could have met it so successfully. When this chronic diathesis is roused into activity by external impressions, or acute diseases, it often becomes so active that it requires the earnest attention of the physician, as seems to have been the case in the epidemic under consideration. This is a fact worthy of the most serious consideration of the physician when called to the bedside of the sick. The resemblance which Dr. Elb endeavors to trace between scarlatina symptoms and those of *Calcarea carbonica* and *Zincum*, it seems to us is altogether fanciful, and to establish a resemblance to scarlatina symptoms, is not at all necessary to explain the success of the remedies. If he had not given us the key to his success, in his table of *Calcarea* and *Zinc.* symptoms, which symptoms, he informs us, are analogous to the symptoms of the scarlatina epidemic under consideration, he has explained the whole matter in the two cases he has detailed as illustrative of the whole, and of the beneficial effects of the two remedies above named. He tells us, in the outset, that both children were *scrofulous*, one of which "had formerly suffered from hydrocephalus chronicus," a fact which certainly indicates the presence of an active *scrofulous* or *psoric* diathesis.

In pursuance of our illustration of the principles which should govern us in the choice of remedies, we will go on a little further with *scarlatina*, and say a few words respecting the varieties of this disease, and the consequent impropriety of attempting to meet

all uncomplicated cases with Bell., or even complicated cases with Bell., in alternation with the remedy homœopathic to the *psoric* or *syphilitic* diathesis. That Belladonna scarlatina is of rare occurrence at the present time, compared with some periods in the history of this disease, is in accordance with our experience. Indeed we have rarely seen latterly, the true Sydenhamian or Belladonna scarlatina. In the autumn and winter of 1852, and the spring of 1853, we passed through a protracted and rather severe scarlatina epidemic. Under allopathic treatment, as a matter of course, many children died; out of a list of seventy-five cases which occurred in our practice, only four cases terminated fatally. A few cases, only, presented the Belladonna characteristics, and, except in these cases, Bell. did no good. The scarlatina symptoms in the uncomplicated cases were *a scarlet redness of the skin, appearing first about the face, connected with a fine, rash-like eruption, often itching and burning, but not always; the tonsils, uvula, and soft palate, were red, swollen, painful, and ulcerated in the course of the disease; painful swelling of the parotid and submaxillary glands; sour odor from the mouth; more or less salivation.* These symptoms were usually ushered in by *vomiting of a yellowish or greenish fluid*, which usually ceased upon the appearance of the dermoid symptoms. These were the more prominent symptoms of the epidemic, and we shall find, by comparison with the symptoms of *Croton Tiglium*, an exact correspondence. In cases, therefore, uncomplicated with an active *psoric* or *syphilitic diathesis*, this remedy acted with promptness and certainty. But in cases where these *Croton Tiglium* symptoms were not fully controlled by this remedy alone, they yielded when the *Croton* was alternated with a remedy adapted to the prevailing constitutional symptoms, as indicated by the previous health of the patient, or the parent. *Sulphur, Calc. carb., Mercurius, and Hep. sulph.*, were the principal alternating remedies.

In the treatment of disease, we will go with Hahnemann to the fullest extent, that a pathological *name* should not come into the account. A name can be useful only so far as it enables us to convey to others the general features of a malady; and even here, it should be allowed only the signification of a genuine expression. Thus we have *Aconite, Spongia, Hepar. sulph., Iodine, Kali bichrom., and Bromine* CROUPS; but we shall often find that neither of these

forms of disease can be reached without alternating the remedy, which bears a specific relation to the symptoms excited by external impression, with that which bears a specific relation to the constitutional symptoms.

This is an important distinction to be borne in mind, viz., that all acute maladies arise from impressions made from without, or extraneous to the body, and are never transmitted to the offspring, but are often removed by the reactive or recuperative powers of nature alone, while chronic maladies are inherent in the constitution, subject, alike with bodily conformations and mental peculiarities, to the law of transmission, and never leave the organism without specific aid. This opens a broad, yet, we believe, a promising field of inquiry to the devotee of medical science; and no one, we think, can enter it, sincerely devoted to the interests of humanity, and the amelioration of physical suffering, but will be permitted to return laden with a rich store of fruit.

If we are viewing the subject in a false light, no one would be more happy than ourself, to see it so demonstrated by a matured exposition more consonant with reason and experience. Or if others are surveying the field from a different stand-point, we should be exceedingly obliged to them for the result of their reasoning and conclusions. Every member of our profession, instead of being content to follow simply in the footsteps of those who have gone before, should regard it as an imperative duty to labor, not only for the purpose of making the way more passable for those who are to come after, but also to extend the research into fruitful regions yet untrodden by human footsteps, for it may be said, in truth, that medical science is yet in its infancy. Hahnemann, under the guidance of the Divine Providence, has given us an outline-map of the world of medical science, and furnished a compass whose needle points with unerring precision to the poles.

SUGGESTIONS ON SOME CEREBRAL AFFECTIONS IN CONNEXION WITH SCARLATINA.

BY S. M. CATE, M.D.

THE progress of acute disease, when confined to its original seat, is simple and easily understood; but when to the simple and uniform course is added other organic inflammation, its course is various, and its termination doubtful. We are daily more firmly of

opinion, that the fatal termination or unsuccessful issue in acute disease lies in our inability, first, to determine where the superadded organic lesion is, and its nature, or in our inability to find the specific for the new inflammation, or increased or diminished action, when such inflammation or altered action is found. The solemn words of the immortal Hahnemann are lost upon us, when he tells us to prescribe for the symptoms—*the most important symptoms*. We prescribe for the *name* of the disease, instead of prescribing in accordance with its *most important and characteristic features*. The reason of this lies in our misapprehending in what the symptoms consist. It is true, where we cannot ascertain what the pathological lesion is, in any given disease, and cannot determine in a satisfactory manner the organs that are most affected, we have nothing left but to collect all the symptoms, good, bad, and indifferent, and select the drug that will best correspond to the whole batch.

If we take any case of severe disease, where the functions of the system are generally disturbed, we get an array of symptoms that is so long and complicated, that the comparing of them with the three thousand pages of our *Materia Medica*, in such a manner as to determine beyond the shadow of a reasonable doubt, that some one medicine corresponds better than any other to the case in hand, we shall find the process long and tedious, and the labor required immense. We think there are many cases of daily occurrence, which, if we make such an investigation, comparing every symptom with such minuteness of detail as to place the matter at the point of certainty, would occupy so much time in the investigation that no more than one or two of them could be despatched in one day. And if all a physician's patients are to be submitted to this ordeal, one of two things must be certain, either he must have but a very few patients, or most of what he has must fall far short of such a requirement, and suffer from a bad selection of remedies. It is evident, at a glance, that this is not the manner in which homœopathic physicians proceed. They seize upon the characteristic features of any given case, and then select a remedy that corresponds to these characteristics, and as many of the sympathetic symptoms as may be; but always regarding the "important symptoms" first and foremost of all. In this way, one accustomed to the homœopathic practice will prescribe with rapidity and pre-

cision amid the most various and confused symptoms. When the location of the disease is determined, the organs and parts of organs that are the centre of the diseased action, the question comes, of what are the remedies that (from the *Materia Medica* and clinical experience) we can most rely upon in the particular lesion before us? From the *Materia Medica* we are led to select those which produce the same sensations in the same part, and which otherwise correspond to the phenomena presented; but the sensations do not always have their exact similar, and here we are led by the known organic relation between the phenomena as a whole, on the one hand, and the organic lesion, and the known power of certain medicines to affect these organs in a similar way. In this way, many diseases are met successfully, that otherwise would not be cured at all. But, as we said at first, many diseases terminate fatally because of the occurrence of secondary, or metastatic inflammation, though the disease of itself is not usually fatal when confined to its original seat. Of this number is scarlatina, the pathology of which, according to the best accredited authority, is "an acute inflammation of the integumentary investment of the entire body, both cutaneous and mucous." When this inflammation is mild, the secondary symptoms are of little importance, and it will often run its course without the least medicine, and with but little inconvenience. When this inflammation is of but little more severity, the glands of the neck and throat become involved in the inflammation, both complicating it and adding to its severity. Still, we think that as long as it is confined to these localities it is not often fatal. We know that so extensive an inflammation as the skin in scarlatina causes a very great sympathetic disturbance, showing itself, if in no other way, by the rapidity of the pulse and general nervous irritation.

But so extensive an irritation as is set up in this disease is apt to extend, by sympathy, to other and more noble organs, exciting in their capillary vessels first a constriction, followed, more or less speedily, by a dilatation and collapse of the vessels, constituting a new inflammation. Such metastatic action we meet almost every day, and such we are persuaded is the manner in which metastasis takes place. It is an explanation extremely simple, involving no psora, syphilis, or other morbid matter, conjured for the occasion, to stand *terrorem* over our imaginations, and paralyse our hands.

We should expect such metastasis to take place to those organs, *ceteris paribus*, that are most susceptible, from the debility caused by present or past disease, nor are we disappointed as a matter of fact. Still, the irritation set up by inflammation in one part, unless there is some organic predisposition, has some specific tendency to excite, by sympathy, an irritation ending in inflammation in some other part, as an example of which, scarlatina may be noted as tending to produce inflammation of the brain more than in other organs. When this irritation is directed to other organs, as the kidneys, exciting in them an inflammation, the inflammation there may be followed speedily by an increased secretion and return of the vessels to their natural calibre; but in the brain this cannot happen. An inflammation set up in the brain in scarlatina at once adds immensely to the irritation already existing in the system; reacting, in its turn, upon the disease at its original seat. Now, in any given case, where such a complication occurs, what is the thing chiefly to be considered? Will the administration of remedies, corresponding to the state of the skin, inflamed glands, tongue, &c., cut the Gordian knot? Most likely the metastasis occurred while we were giving remedies well adapted to the original disease, and shall the continued treatment of the original malady avail anything now? Clearly not, and for obvious reasons. First, the disease, at its original seat, is not upon a noble organ, and most likely would cease without medicine; has room for its swelling without compressing its parenchyma. Not so with the brain. Inflammation of its substance cannot produce any considerable swelling without the cranium is burst, which does not happen; so the swelling of one part must cause the compression of other parts, and the consequences of such a compression on the function of the brain must be obvious. And further, when the inflammation of the brain involves its membranes, resulting in the secretion of serum or other fluid matters, the compression that results from such fluids is the more fatal as the fluids are more bulky. If, with a case of scarlatina which we are treating, any complication should occur, would it be following the directions of Hahnemann to prescribe otherwise than in accordance with the local inflammation, and thus avert the danger then and there only imminent? It has been our custom where symptoms of the brain have arisen, even before they were of greater violence, to discontinue the use of the Aconite,

Belladonna, or Mercurius, and give Bryonia and Helleborus. We give these remedies in inflammation of the membranes and parenchyma of the brain, in those especially that tend to result in a secretion of serum from the membranes, and consequent fatal termination, unless remedies should produce an absorption. We said we gave these remedies early; for it is in the early periods that we may get the best effects, and if we mistake the nature of the trouble till there has been an "effusion" compressing the brain for several days, or even less than one day, if the effusion was very great, the integrity of the brain will be so far overcome as to mock all attempts to bring it back to life.

The symptoms on which we have most relied for this state of the brain are, at first, some little rolling of the head; a slight unnatural appearance about the eyes, more marked when asleep; sleeping with the eyes half open; squinting; turning the head back; profuse sweat over the head and face, with but moderate or no sweat on the rest of the body; occasional tension of the muscles of the extremities, as flexions of the fingers and thumbs on the palm, which do not yield readily to the attempt to open them; some pain in the head, evinced by scowling or words, or by grabbing at the head, and perhaps intolerance of light, and at times sympathetic nausea and vomiting. As the disease increases, all the above symptoms become more marked, and, added to them, wild delirium, hallucinations, and screeching at times, or sopor, with a stupid, vacant, staring look, spasms and convulsions, and permanent or transient blindness. We should not wish to say that any one of the above symptoms were pathognomic of inflammation or effusion (rather secretion of serum from the membranes of the brain), nor do we often find all of them in any given case; but generally, we think, enough to clearly mark the seat of disease. To determine where the organic lesion is that is complicating any case of acute disease is making one step towards its rational treatment; but a still nicer point is gained, if we can ascertain the particular part affected, and the kind of action that is set up. The complication in scarlatina that we have most often met, has been as above described; but Dr. Elb, of Dresden (British Journal, Vol. 7), found the complication in many cases to be a threatened *paralysis* of the brain, and in other cases paralysis of the lungs.

For the paralytic state of the brain, Dr. Elb gave Zincum Met. 1,

once in two or three hours; and for the threatened paralysis of the lungs, Cal. carb. 3, once in twelve or twenty-four hours, and though the severe cases were all fatal under Aconite, Belladonna, Am. carb., &c., he did not lose a single case after he gave these remedies respectively, as either state required them. For the symptoms for which these remedies were given, we would refer to the article of Dr. Elb above-named, feeling sure that no one will regret its perusal.

But the attack of scarlatina is sometimes so violent as to destroy life, in from twelve to twenty-four hours from the outset of the disease. It never has been our lot to witness so malignant a form. Some authors, who describe this form, tell us that post-mortem examinations do not reveal any organic lesion sufficient to account for such a fatal result, but that the viscera give an appearance of congestion and some degree of inflammation; and that no one organ seems to be extensively involved.

If such descriptions are accurate, it would seem that the lack of intensity of one part was more than balanced by the *extent* and number of the vessels of important organs that are inflamed: for if the number of vessels of an important organ involved in an inflammation were multiplied by one hundred, we might, *ceteris paribus*, divide their intensity by a hundred and still have the same constitutional disturbance that would attend the most intense inflammation of a single organ.

But a point in these examinations seems very much to invalidate the correctness of the observations, namely, that though the throat exhibited so much appearance of inflammation before death as almost to threaten suffocation, post-mortem examination gave no *very* noticeable evidence of inflammation.

If such extensive inflammation could exist in one part, and the examiner be unable to distinguish its post-mortem characteristics, we could place but little reliance on his observation of other parts. And though we would not absolutely deny his former assertion, we should think it much more probable, that in those cases of scarlatina where a fatal result occurred so suddenly, many important organs were simultaneously inflamed, and to such extent as to be ample cause of death.

In such a form of disease there would, no doubt, be such a complication of symptoms as to make it very difficult to decide where

or what organ was most seriously involved, and to which our attention should be most directed.

If it should ever be our lot to meet such a form, we should make the best decision we could, as to the locality of the organic complication, and then exhibit our remedies with all the energy of despair, though with but a little hope of success; for most likely life would be extinct before medicine could have much effect. Nevertheless we should *try*, remembering that difficulties are overcome by manly and courageous effort, rather than by supine despair.

But fortunately for the perpetuity of the human species, this form of the disease is rare, still the mortality from scarlatina, even under homœopathic treatment, is sometimes so great as to almost make the ashes of Hahnemann shake in his tomb.

Sometimes, no doubt, patients will be crowded in such small humid and unhealthy apartments, suffer from the lack of proper nursing, food, and other necessities of the sick room, as to make death inevitable, still when we subtract these cases, together with those which occur within a few hours of the outset of the disease, we have many cases left whose fatal termination throws no little odium on the homœopathic method. The proof of this we sometimes gather from report and sometimes from reported cases in our journals. It is, then, a question of no little importance to decide why this is so; to determine "whether the fault is in our stars or in ourselves." If we are right, if the inflammation of some important organ is the cause of these discreditably fatal results, we should look to it that we may improve. The only complications that we have seen, that were of importance, were of the brain and the supervening dropsies; but if other complications should occur, we should proceed upon the same principle as we do when the brain is involved. If inflammation should arise in the lungs for which Phosphorus or Bryonia were indicated we should give them irrespective, or rather perhaps in spite of the rash: and so of bronchitis carditis, or any organic lesion that might arise, we should give the medicines that, as far as we could judge, were best adapted to the *then* most important difficulty, and in doing so we should hope for success.

We said that the most important complications that we had seen were of the brain; but here, perhaps, we may be called to verify our assertion and not be able to meet the demand, for in a practice of nine years we have lost but one patient with scarlatina, and

that one, a sickly child from birth, had been sick several days before we saw it, and we saw it but once. This statement does not include cases where we have been called in consultation with other homœopathic physicians, nor those patients which had been given over as hopeless by allœopathic physicians. So when we supposed the disease was in the brain, the patients nevertheless recovered, so we could not verify our diagnosis by post-mortem examination. We do not say this boastingly, nor do we expect always to be so fortunate, but we do wish to excite discussion, that if we are wrong it may be shown. And we are firmly of opinion that if more attention was paid to the pathology of the diseased action, in every case, and less time to the vague speculations with regard to the dose, homœopathy would be much the gainer. Not that we do not esteem the dose of *some* importance, for we use all dilutions from the tinctures to the highest and have seen good effects from all; but we think the vision is sometimes so intensely fixed on the dose that more important matters are overlooked.

We would here say that we have treated many cases of dropsy that came on as sequel to scarlatina (mostly anasarca, though in some cases the water had accumulated within the peritoneal and pleural cavities), and have cured all cases with the tincture of Apocynum Cannabium (Indian hemp) in doses of from two to twelve drops of the tincture, once in three, six or twelve hours. As somewhat illustrative of the views that we have attempted briefly to set forth, we would give an outline of the treatment of a case or two, premising, that our notes were brief, but that we think the essential features are all given.

April 22d, called to the son of F. T., aged 14 months. Five days before he was taken with the scarlet rash, though in so light a form that no medical aid was called. The rash faded on the third day, and now is gone. This morning was taken suddenly with high fever, swelling of the tonsillary and submaxillary glands pushing out under the angle of the jaw and towards the trachea, till the neck is now swelled even with the jaw halfway to the shoulder. Respiration quick, pulse 130 per minute, skin quite hot though not red.

R—Aconite 3–12 globules, Bell. 3–12 globules, each in a half a tumbler of water, to be taken 2 teaspoonsful at a dose once in 2 hours alternately.

23d. Has had a very distressed day and night, and now (8 A.M.) there is some rolling of the head, eyes partly open when he sleeps, profuse sweat on the head and face, pulse 140 per minute, scowling at times, increased swelling of the glands, breathing somewhat like extreme exhaustion, and obstructed by the swelling of the throat. A profuse watery discharge from the nose, excoriating the nose and upper lip: spots of ulceration on the tongue and tonsils, breath extremely fetid. The difficulty of the brain was so marked, that with the inflammatory action about the mouth and glands of the neck, I gave the most discouraging prognosis. R—Helleborus Nig. tincture, 3 drops; Bryonia $\frac{1}{4}$ drop each in a half a tumbler of water, to be taken once an hour, alternately. 8 P.M., has had a more comfortable day, but half an hour ago was taken with a slight convulsion, commencing with a tension of the muscles of the extremities, followed for a minute or two with rolling up and fixed look of the eyes, accompanied with cold feet. Patients feet put in a warm bath, which seemed to relieve him of this attack. To take the same medicine once in half hour, and if that did not relieve the spasms and other symptoms of trouble of the brain, take it once in fifteen minutes.

24th. 8 A.M. Has had a very sick night, convulsions alternating with distress in the head and at times delirium, and at times coldness of the extremities, with extreme prostration and profuse sweat on the head and face.

Medicine seemed to relieve when it was taken, it had been given once in fifteen minutes.

No difference about the mouth and throat, pulse the same, R the same as yesterday, except to take *Bombus ter* 3 and *Bell.* 6, alternately instead of the *Helleborus* and *Bryonia* if the head should seem relieved, thinking they might act on the inflammation in the mouth and throat.

About 12 M. the child seemed brighter and the *Bombus* and *Bell.* were given according to directions, but in the course of two hours the symptoms were worse, and they returned to the *Helleborus* and *Bryonia* and at 8 P.M. the appearance of the eye was more natural, still the improvement was very slight. The bowels were somewhat swollen, and the child appeared to have pain in the bowels:—gave 2 doses of *Mercurius*, g 3, for that, and then continue the *Helleborus* and *Bryonia* as before.

25th. 8 A.M. passed rather better night, had but one or two slight convulsions, still the half open eyes when asleep, pulse 140 and all the marked features the same except a slight amelioration, and added to this the mouth raw, increased flow of saliva, and ex-coriating mucus from the nose, increased foeter from the mouth. R—Tincture of Sulphur, 3 drops, Tinct. Helleborus, 3 drops, and Bryonia, 3 drops, each in a half a tumbler of cold water, to be taken successively once in 15 minutes, and as he seemed better once in 30 minutes.

8 P. M. Much the same, except a little less foeter from the mouth, continue.

25th. Passed a better night. The fontanella is unclosed for the space of a half dollar, and a tumor pushes in the unclosed space, soft and fluctuating, three-fourths of an inch in height at its apex; pulse 130; less swelling of the throat and glands; mouth looks a little better; less discharge from the nose; passes a large quantity of water; in fact the discharge has been profuse since the 23d; pulse 110, continue.

26th. R Hell. tinct. and Bryonia 1, as before, once an hour. Sulph tinct. instead, if there was much discharge from the nose. Symptoms much as yesterday; in the night had a cholic, for which had Mercurius 3d, 2 doses.

27th. Much the same. R Digitalis tinct. two drops in half a tumbler of water. If no improvement from the Digitalis, to return to the Hell. and Bry.

28th. Took the Digitalis for six or eight hours, and as he seemed to grow worse, returned to the Bry. and Hell. The tumor of the fontanella has diminished, and I begin to feel some courage. R. Hell. and Bry. once an hour alternately.

29th. Much better; Sulph. tinct. six pellets, Mercurius 3 alternately; if any return of the symptoms of the brain, Hell. and Bryonia instead.

30th. Swelling of the throat and glands gone, tongue healed; slept well last night, and seems, in all respects convalescent, and has continued well since.

Another case, of which I would give the outlines in brief, was G. H., aged three years, taken suddenly, on the 26th of May, with scarlatina. The attack was very severe, and the swelling of the throat very great, followed in 24 hours, with extensive

ulceration. He had Aconite 6, and Belladonna 6, once in two hours, alternately, and progressed favorably till the night of the 29th. The rash, which had been very severe, had been fading through the day, when, just at night, he was taken with some tension of the muscles of the arms, the fingers and thumbs flexed on the palms, and if straightened would immediately resume their flexion. Head hot and turned back, sleeping with one eye open and sometimes both; blindness at times; delirium, mostly at night; wishes to be carried home to see his father and mother when both were by him; great increase of the swelling of the throat and of the parotid and submaxillary glands, extending half way down the neck, and out even with the angle of the jaw; fœtid odor from the mouth, profuse, stinking, and excoriating discharge from the nose; pulse from 130 to 140 per minute, weak and wiry. These were the most marked symptoms on the night of the 29th, and on the 30th, and with no characteristic alteration, continued till improvement commenced.

I diagnosed inflammation of the brain, tending to terminate in secretion of fluid, and with the intense inflammation of the mouth, throat, and nasal cavities, it seemed to me a hopeless case, and I informed the parents of my opinion. They had lost one child with dropsy of the brain, and three with scarlatina, and were not at all inclined to turn back to allopathy. So I prescribed. It will be remembered that it had taken Aconite and Belladonna till the night of the 29th, and I had given two or three doses of *Mercurius sol.* 3, for a diarrhœa. On the 29th, without respect to anything else, I gave *Helleborus tinct.* four drops, and *Bryonia tinct.* two drops, each in a half a tumbler of cold water, a teaspoonful once an hour, alternately, and if that did not relieve, to give it once in a half an hour. These medicines were given in this way with but little variation, till the 3d of June, and there was but little alteration in the symptoms, except the child did not grow worse. On the 3d of June, I gave some doses of *Cal. carb.* 1, for the inflammation of the mucous membranes and glands, and though there was an improvement in these parts, the symptoms of the brain were soon worse, and they then returned to the *Hell.* and *Bry.*, as before.

Child remained much the same, except some improvement of the inflammation about the mouth, throat, nose and glands, till the

12th of June. As there seemed to be no remarkable alteration of the symptoms, I had, during the 3 and 12 at times stopped the Hell. and Bry., and given Zincum, Opium, Digitalis, and Arnica, but soon was obliged to return to the former prescription. Still, though these remedies would not seem to have any curative effect of themselves, I thought the Hell. and Bryonia, after being given so long, would seem to establish a tolerance, and after a few doses of one of the above-named remedies, they would seem to act again with new force. On the 12th, the trouble of the brain seemed to be subdued, but an intense inflammation of the mouth had set in; tongue, gums, and in fact the whole inside of the mouth raw and covered with a thick, tenacious coating of mucus; breath very fetid, lips inflamed and covered with black incrustations; pulse 90 per minute; skin of natural temperature. There had been some slight delirium the night before, but, as I thought, from the irritation of the mouth and nose; R Sulphur tinct., Cina tinct., each in half tumbler of water, a teaspoonful once in two hours, alternately.

Under the action of these remedies, all the symptoms improved rapidly. I left some Hell. and Bry. to be taken if there was any appearance of pain or heat about the head, and a few doses of these remedies were taken between the 12th and 16th. On the 16th some doses of Opium and Coffee were given for the peculiar symptoms, but on the 17th, from the ragged ulceration on the sides of the tongue and about the throat, Nux v. 6, and Sulphur 9 were given in alternation. On the 18th he had Arsenicum 3, and Cal. carb. 12; and on the 20th, Sulphur tinct. and Arsenicum 3. On the 22d, Calcarea acetum 6, and Borax 6. On the night of the 23d, for an attack of croup, he had Spongia and Hepar. Sulph., and on the 24th, Hepar Sulph., and Nux vomica, and on the 26th, seemed convalescent, though very weak and emaciated.

July 7th. Seemed to have taken some cold. There was some degree of ascites, for which gave Iodium 18, Apis Mellifica 3, in alternation, one in six hours. These remedies had the desired effect, and the child has since been well (August 12th).

OBLIGATION OF THE WORLD TO HOMŒOPATHIA.

BY EDWARD BAYARD, M.D., OF NEW YORK.

An Address, delivered before the American Institute of Homœopathy, at its Annual Session, at Cleveland, Ohio, June 9th, 1853.

GENTLEMEN OF THE INSTITUTE:—The great law, upon which rests the science of Homœopathia, was not a single thought of genius caught by inspiration. It was conceived in toil. It was vindicated and established only by years of patient labor. It was not a theory eliminated in the study. It was a law,—a law of nature discovered, which could be developed but through the pains and sufferings of its investigators. The man in health must sicken for its demonstration.

Every man who adopted this great principle, found each step of his progress surrounded by contempt, ridicule, and persecution. Though that day is happily passing, and those trials and embarrassments (the consequence of ignorance and intolerance) are fast fading away from the path of the practitioner, yet there are men who hear me to-night who have witnessed the bitter opposition to medical reforms and know it all full well.

A reform under our system, must have been successful in all cases, or he was denounced as a charlatan, no matter how violent the attack, nor how incurable the disease. If the patient die, ignorance and malice eagerly put it down to a failure of his principles. The opposition is of no trivial kind. It is deeply seated in the human heart. Pride of opinion—long habits of accustomed thought, the dislike of change and more than all, pecuniary interest, are among the elements which make and prolong this opposition. Under the influence of these causes, within my personal knowledge, a physician, at one time received and acknowledged as a most competent practitioner of Allopathia, admitted to possess the requisite learning and knowledge of the schools, who, being convinced of the truth of the Hahnemanian law, and from the integrity of his character, compelled to declare and practice it, was denounced by his former friends and associates of the profession, his abilities and his principles denied, and his character maligned; and while he was in the course of a successful and increasing prac-

tice, the County Medical Society, of which he was a member, cited him to appear before that body on the charge of quackery. Under an old law then existing (now, be it said to the honor of the State, repealed), he was handed over to the public prosecutor, and tried before the judges of the county. The head and front of his offending, was—not that he had failed to restore his patients to health, not, when disease was alleviated, more fearful abnormal actions from his remedies, had remained—not, that he had hurried one single fellow being prematurely to the grave: but that he was a practitioner of Homœopathia. He was acquitted, and is now a citizen of Cleveland, filling a Professor's chair in the Homœopathic Medical College, of this city.

When the light first broke on Hahnemann's mind, when as yet he only suspected, but had not demonstrated the existence of the Homœopathic law, what an ocean of difficulty lay between him and the practical developement of its principles! Any character less patient, less earnest and less persevering, must have abandoned the pursuit. It required all the strong elements combined in the nature of this extraordinary man to have moved in this great enterprise. Standing on the vantage ground of his most profound learning, looking back on the past, he saw the defects and weakness of the art as then practiced, and felt that it wanted the certainty and fixed principles of a science. He wrote to all of the most learned and distinguished of his cotemporaries—men in extensive practice—to inquire what knowledge they possessed of the action of drugs on the healthy man. The universal answer returned was that they had no precise knowledge, for they administered their drugs to the sick—not to those in health, and that they could not distinguish between the symptoms of the drug, if any such existed, and those of the disease for which they had administered. All the experience they possessed was from the effects of accidental poisoning. But such knowledge was to him too crude and useless; for large doses have few and strong determinations, and thereby prevent the general expression of their specific action. Then the knowledge of the past and the experience of the present was to him of little avail. There was no real knowledge—there was no light. The whole subject was enveloped in darkness. He perceived the existence of the law; but our *Materia Medica* was to be formed; expe-

riments must be made; and Hahnemann the greatest discoverer, girded himself to the task.

Great on the human race have been the effects of the discovery of a continent. The discovery of steam power may be greater. But greater still in the measure of usefulness, is it to give to the world a law which shall enure for the healing of the nations. You who have tried drugs upon yourselves, can appreciate the sufferings and discomforts to be endured, and know likewise it is a work of time, and a work if well done, to stand for all time; above the caprices of fashion and the chances of change—(for medicines have had their day)—now used and recommended almost as a panacea, then doubted and laid aside. But till the golden bowl is broken, the silver cord loosened, and the vital power fled, so long in our *Materia Medica* will remedies hold the same relation to disease.

For many years, with his few disciples around him, did Hahnemann test the action of drugs on the human system in its normal state. When the great truths of Homœopathia were fully established, he kept it not to himself—but gave it to the world. One would have supposed from the acknowledged standing of Hahnemann, the friend of Hufeland, that the annunciation of his discovery would have been received at least with attention, and especially as it was not based upon hypothetical reasonings, but was a law deduced from experiments, and that investigation would have been instituted. But Hahnemann did not escape the fate of Harvey and of Jenner. He was not crowned the great benefactor of the human race. Denunciation usurped the place of investigation. An old law, a dead letter on the statute book, which made it penal for any physician to prepare his own medicine, was revived, effectually to prevent the demonstration of the truth of his doctrine. He exiled himself from his home, to carry out his researches, for in this as in other instances, the prophet had no honor in his own country. Since that day, Homœopathia has taken deep root. There have been published in the German language more than four hundred volumes, in the French language more than one hundred and fifty, in the English more than two hundred, and in the Italian and Spanish, more than one hundred, making over eight hundred and fifty volumes, written and published on this subject. We have seen in the efforts to establish

our system, expenditure of thought—toil through many years—voluntary endurance of sufferings which are paralleled only by the action of disease—sacrifices made—ridicule and detraction borne; and in view of all this we would ask, what is the obligation of the world to Homœopathia?

We are taught by it, that all medicinal substances have a specific action on the human system. Previously to these teachings, what meagre and general knowledge existed of the action of drugs! Take as an instance *Sulphur*, so generally used as a domestic remedy. How little was known of its specific effects! It was prescribed by physicians. It was given by parents, under a vague notion of its being a mild alterative, without an idea of the power of this great disturber of the vital force, which Homœopathia has shown is capable of producing two thousand symptoms on the healthy organism, acting profoundly on mind and body, producing symptoms similar to those diseases called—rheumatism, epilepsy, paralysis, dropsy, fevers, erysipelas, dyspepsia, diarrhœa and dysentery; producing muscular weaknesses, local inflammations, abscesses, affections of the heart and cerebral congestions:—in its action affecting the intellectual powers, inducing melancholy and sadness, disgusting us with life, and causing us even to despair of our eternal salvation.

But it may be asked by the uninitiated, how is this possible? Is not this substance used as a domestic remedy by almost every family? I answer, that every medicinal agent which makes an impression on the nervous system, must sooner or later produce its specific effect, not upon all parts—nor *all* its effects, many of those depending for their direction upon the accident that developes them. It is not a consequence that these effects should follow immediately on the exhibition of the drug. The impression may lie latent for months or years, until an exciting cause arouses it into action. Aye! like the charge of gunpowder in the solid rock, it may remain harmless for years: but when the spark shall set it free, the explosion must follow. And so the impression once made, the action will come. Witness the effect of the bite of a rabid dog. The wound may be forgotten, the scar may be erased by the years that have passed; yet madness will often follow.

As limited and vague as was the knowledge of *Sulphur*, previous to the discovery by Hahnemann, was the knowledge of all other

drugs prescribed in that day. Now with these facts proven, we would ask, can drugs be prescribed with any certainty and with any safety, without the knowledge of their effects upon the healthy man? For this knowledge mankind are indebted to Homœopathia.

What more has Homœopathia done? When an Allopathic physician seeks to produce a curative effect on his diseased patient, true to his Allopathic principle, he seeks to create other sufferings—revulsive action. Where does he urge the vital force? Does his *Materia Medica* afford him chart or compass, or give him any reliable knowledge of the direction it will take? Is he not enveloped in darkness? A distinguished Allopathic physician (grown gray in practice) truly remarked, “it was like arming a blind giant with a club,” whose blow might fall on the disease or fatally strike the patient. Homœopathia teaches in what direction we urge the vital current.

It is clear that without this knowledge it is impossible to discover the diseases which spring from medicinal substances; and in my belief it will be found on critical examination, that two-thirds of the maladies that torture and afflict humanity, are produced directly by, or are complicated with, the effects of medicinal substances.

In many cases that have come under my own observation, I have seen the diagnosis utterly fail from want of this knowledge. With your permission I will mention *one*. A girl was brought to me about eight years old, complaining of vertigo. The mother stated that she had been subject to croup, which had frequently threatened her life, from the violence of the attack;—that by the advice of an Allopathic physician of high standing in the City of New York, she had given her *Ipecacuanha* in Allopathic doses, with the happiest effect; for the disease was cured promptly under the remedy; and she had been in the habit of giving, by the same advice, the same medicine when the first symptoms of croup appeared. It always, with equal promptness, checked the disease; and of late the attacks of croup had grown less frequent; and the mother eulogised the remedy, but the child complained of dizziness. When walking she would have vertigo to such a degree as to cause her to stagger. The mother stated that her physician said it was an affection of the stomach, and administered remedies for that organ supposed to be at fault; but still the vertigo remained. He

then thought it was the liver. When the diagnosis leaves doubt and perplexity, the last resort is usually the liver. He proposed a few blue pills as an alternative. This startled the mother; and she then consulted me. Now gentlemen taking up our *Materia Medica*, I found the pathogenetic action of *Ipecacuanha* was, in the language of the provers, thus written—"Vertigo when walking, with tottering and staggering." This was one of its direct actions on the brain. I gave the antidotes to *Ipecacuanha*, and the child was relieved. We see in this case, that first the vital current was determined to the throat of this child, producing the phenomenon we call croup. We see that *Ipecacuanha* used in large doses produced another disease by changing that current, and thus relieved the croup. Had that learned physician known Hahnemann's *Materia Medica*, his diagnosis would have been correct. He would have known that in relieving the croup by such an agent, he might produce a determination to the brain. But when the prescription had removed the symptoms of croup, for which it had been given, he looked no further; for the reason, that his *Materia Medica* gave no knowledge of the specific action of the drug used. But again, suppose some accident had happened to increase that tendency; suppose the child should have had a fall or blow on the head, what remedy could have checked the strongly accelerated action which would have pressed upon that important structure? Death—inevitable death must have followed. This ignorance is frightful in its consequences, and is the cause of exceeding mischief to mankind. By such means disease is altered, produced, assuming new forms and phases, like the ever shifting figures of the Kaleidoscope. And as with the Kaleidoscope, the figures will change with every turn of the instrument, in infinite variations until it is broken; so disease may be driven from organ to organ, and with every alteration assuming new phases until the more delicate and complicated instrument of human organization is destroyed.

For the removal of this false security, this fatal ignorance, the world is under obligation to Homœopathia.

What more has Homœopathia done? It has shown how sensitive a thing is a diseased nerve. After Hahnemann had discovered the specific action of drugs, and sought to apply them under the Homœopathic law of cure, he was still ignorant how sensitive to

impressions the human system became in a morbid state; and when he gave the ordinary large doses under this new law of cure, this sensitiveness had nearly caused him to abandon the application of the law—so great was the action excited.

He reduced and reduced the dose, and yet its effects were too powerful. But with that wonderful acumen and clearness of perception, in tracing out Nature's law, which he so eminently possessed, he continued his reductions, until he had reached that point where Nature could react; and then he learned the sensitiveness of a diseased nerve,—almost beyond human appreciation. Hence, by induction arose the administration of the so-called infinitesimal doses,—a stumbling-block in the way of those who have made no experimental investigations. The jeering wit of the facetious Allopathist expended on this point, demonstrates sorrowfully their utter want of knowledge on this important matter. It is an attempt contrary to all philosophy to rebut *facts* by ridicule.

Who can estimate the number of lives sacrificed by ignorance of this fact—the power of similar irritants upon disease. I remember before I fairly entered upon practice as a physician, a case painfully bearing witness to this truth. A young man, a fellow-student of medicine, of the fairest promise, was attacked with an ordinary disease of mumps. He was of robust constitution, and full of youthful vigor, so that those who knew him might have fairly counted that he would have enjoyed more than a usual amount of health through a long life. Without any great severity, the disease was developed with slight fever. Meeting me in the class, he asked me to give him some Homœopathic remedy to relieve him; for he had been somewhat familiar with Homœopathia, and intended eventually to practice it. Not practising then myself, I recommended him to a Homœopathic physician. But the fear of ridicule, and the risk of not obtaining his diploma, if his predilections were known, and the simple character of the disease, determined him to consult one of his professors. I had examined his case with attention, and marked how closely it resembled the action of mercury; so much so, that I said to him, “Whatever may be prescribed Allopathically, do not take mercury.” I was convinced that if a drug thus indicated could be taken in large doses with impunity, there could be no truth in the law. The next day, I called to see him, and was shocked at his altered countenance; every symptom that he had,

had become more intense, and others were added. The parotid gland was more swollen and hard, pulse quick and wiry, sweat with nausea, tongue coated with tenacious mucus, breath tainted, rapid speech, trembling limbs, and mind at times slightly wandering. He arose restlessly in his bed, saying, "Do not blame me; for I have taken but one dose of *Calomel*." When I left him, I immediately wrote to his friends that if they wished to see him in life, they must come quickly; for it was now evident that Nature could never react. The third day he died; borne down to the earth, not by disease (for I believe if left to Nature alone he would have recovered), nor by the action of mercury alone, but by the action of mercury on the diseased nerve, urging it beyond the power of reaction. Thus the remedy which, if given in sufficiently minute doses, would have restored the patient to health, became his destroyer. Like thousands of other cases less marked, he fell a victim for want of the light that Homœopathia sheds on the power of drugs having actions similar to the disease for which they are administered.

Ipecacuanha will produce symptoms similar to a species of asthma, as you, gentlemen, well know. Dr. Thomas Watson, in his lectures on the Principles and Practice of Physic, delivered at King's College, London, a text-book in most of the Allopathic colleges, cites the case of a man who was subject to asthma, who could not bear even the odor of ipecacuanha, and was obliged to fly when the bottle was uncorked. He speaks of it as an idiosyncrasy, not recognising it as a fact under a general law. For the light on this subject, the world is indebted alone to Homœopathia.

What more has Homœopathia done? She has given to the world the great law of cure. Disease, in its last analysis, is but the disturbance of the vital force; death is the cessation. There are but two modes of cure, that is, two modes by which the vital force can be restored to its equilibrium—which is health. One is by revulsion, or the removal of disease by diverting its action; this is called Allopathia. The other cures disease by reaction, or exciting the reacting power of nature by a similar irritant; this is called Homœopathia. The former endeavors to restore the equilibrium by creating a new channel for the disturbed vital force, by the use of drugs in such doses, that partly by their mechanical irritation, and partly by their revulsive effect, the normal condition

of other parts is disturbed. To produce such effects, practitioners under the former system are driven by necessity to the use of large doses. They create the new disease, or irritation, under the presumption that after producing the revulsion, these effects will cease; overlooking the fact, that though mechanical irritation may cease, the drug, used in such quantities as to produce revulsive action, must have its specific action.

There is always a tendency in nature to restore the equalization of the vital force, if her power is not overcome by the intensity of some morbid principle. Perhaps in some acute affections from short-lived obstruction Allopathia may hasten that equalization.

But there is a danger in the use of this mode that should prevent a thoughtful and enlightened mind from ever adopting it. That danger, with masterly power, as if by inspiration, was pointed out by Hahnemann. I allude to his theory of chronic disease. In the range of my observation, the general truth of all that has been said on that point has been fully sustained. It is the master key which unlocks and brings to light the concealed causes of profound disease that were a mystery and bewilderment to the practitioner from the failure to perfect at once a cure which required time. Whether the causes assigned by our master are sufficient to produce the predisposition to disease, is immaterial to my argument.

We know, and any one who has seen much of diseased action must have observed, that all causes which disturb the vital power, fall upon men unequally—on some with severe consequences, producing a train of evils that they do not get rid of in years, or perhaps in a lifetime.

Two persons are thrown to the ground with equal force, and both sprain the knee-joint equally. The one applies a domestic remedy,—brandy and salt. In a few days the equalization of the vital force has taken place, and the swelling and weakness disappears, and he has the free use of his limbs. He calls upon his friend, and finds him still suffering, without improvement. He is surprised, and inquires, "What have you done?"—"I sent for my physician."—"Has he used brandy and salt?" The sufferer shakes his head, and looks at his knee. "Your physician is a fool. Use my remedy, it has cured me." The physician is dismissed, and the brandy and salt applied for days, but no improvement. If anything, the structure has become harder and more swollen. The

brandy and salt have failed. The advocate of its virtues, with the philosophy of self-sufficiency, consoles himself with the observation that the remedy was applied too late. Now the knee has assumed the character of a white swelling. Why did not the physician cure? Why did the brandy and salt relieve the one, and fail with the other? The rationale is found in the fact, that in the one man there was a predisposition to disease slumbering in the system, having no locality, waiting but an accident to produce the disturbance in the vital force to give it a determination. The other having no such predisposition, found relief from the simplest remedy.

It was this difference in human constitutions, that turned the astute mind of Hahnemann to the investigation of the cause. He discovered and announced to the world, the existence of three miasms or poisons, the basis of all chronic disease, which might exist latent in the system, derived from inheritance, or by infection. These miasms have no limit to their duration; against them the unassisted vital force can never react; nor has revulsion ever the power to restore the equilibrium. Revulsion may give the vital force new channels, but can never cure. It only changes the form of disease, and renders the system by that change more feeble, and less able to react. Few of our fellow-beings are free from chronic malady in some form.

With great propriety, does Hahnemann remark, "The more I examine the ordinary cures, the more I am convinced that they are not direct transformations of the disease treated, into health, but revolutionizings, disturbances of the order of things by medicines, which, without being actually appropriate, possessed power enough to give matters another (morbid) shape. These are what are called cures." "The hysterical ailments of yonder lady, were successfully removed by me." "No: they were only changed into a metorrhagia." "After some time, I am greeted by a shout of triumph, 'Excuse me! I have also succeeded in putting a stop to the uterine hemorrhage.'" "But do you not see, on the other hand, the skin has become sallow, the white of the eye has acquired a yellow hue, the motions have become grayish-white, and the urine orange-colored. And thus the so-called cures go on like the shifting scenes of one and the same tragedy."

Again, there exists another strong objection to the Allopathic

treatment. There is a principle of self-preservation impressed by the Deity on vitality, determining all irregular movements of the vital power outward, and to the surface, thereby protecting the nobler organs essential to human existence. Its tendency is to place the disease upon that point where, under the circumstances, it would be least injurious to the organism. This is nature's law. Hence the inevitable result of revulsion does not assist nature in expending the force of disease where it can be best borne, but weakens her efforts, and thereby forces her back upon the internal structures which it has been her great struggle to avoid. Allopathia, then, is not only unreliable, but a dangerous mode of cure.

Let us now examine the Homœopathic system, and its results. Gentlemen, we have said, that the ultimate analysis of disease is the disturbance of the vital force. How then does Homœopathia seek to restore the equilibrium, which is health? By administering a remedy which produces in the healthy person, symptoms like to the disease. On what principle can this effect a cure? We have said there was a tendency in the vital force to equalization, which always exists unless prevented by violence or the impression of a poison. It is a fixed principle of the vital force to resist and react against all that has a tendency to disturb it; and the power of resistance to disturbing impressions, increases with every successful effort. This is a principle of every day observation. A man plunges into cold water, which disturbs the vital force; it recedes from the surface. If the impression is not too violent, it reacts. If the plunge is repeated, the impression made is not as great, the resistance being greater. With every plunge, the impression lessens, and resistance increases, until no disturbance is produced. It is on this principle of increased resistance that the virus of the small-pox makes little impression after vaccination, and scarlet-fever, measles, and whooping cough, cease to be contagious to those who have recovered from their infection. It is on this principle that men may breathe with comparative safety, the deadly malaria of the African coast. This increased power of resistance is the principle of acclimation. The air we breathe, filled as it is with disturbing agents, by the principle of resistance and reaction, gives vigor and tone to the system, and the enervated denizens of the city, who seek on the sea-coast the salt breezes from

the ocean, to renovate their exhausted frames, find strength from this principle alone; for we know that the pathogenetic effect of sea salt, is to produce great weakness and relaxation of the physical and moral powers. This principle of increased strength from reaction,—increased power of resistance, is the law of growth physically and morally, from the unfledged bird, which by repeated efforts gathers power to rise, to the child whose mind expands under the use of its powers of observation and reflection.

It is to this principle that Homœopathia owes the power and permanency of her cures. We administer to the disturbed vitality, checked and delayed in its power to react, by some abnormal influence, a similar irritant, just sufficient to excite and rouse resistance. This principle, so beautiful in its simplicity, so true in its keeping with the known laws of nature, so perfect in its cure, exhibits a strong contrast in the results of the relief given by Allopathia and the cures effected by Homœopathia. In the former, the patient rises from disease enfeebled by the movement which revulsion has created, and which the weakened powers have yet to struggle against, perhaps for years; chronic maladies being developed by the debility and the remedies exhibited. In the latter, the patient rises from disease, the vital force equalized and strengthened by the reaction, and the power of resistance increased.

Certainty in prescription is not the least benefit conferred on mankind by Homœopathia. She relies not upon hypothesis for the seat of disease, but untrammelled by the errors incident to suppositions, looks to the symptoms alone (the true indices of disease), and in their totality sees the image which, with unerring certainty, indicates to the practitioner the remedy demanded. Not so with Allopathia. She leaves her practitioner on the wide field of conjecture, and ingenious hypothesis alone directs her remedies.

It is a grave and serious matter to hazard human life on conjecture. I remember the case of two men who were engaged in the active business of life, and were seized at the same time with symptoms similar in their character. One was placed under Allopathic, and the other under Homœopathic treatment. The practitioners of both systems believed they had encountered an incipient bilious fever. The Allopathist adopting his hypothesis, proceeded by cathartics, to evacuate the bowels, so as to relieve the obstruction of the liver, and used the lancet to reduce the fever. The Homœopathic physician, not governed by hypothesis, turned according

to the genius of his system to the symptoms, the signals that distressed nature held out, and grouping them into a picture, sought the corresponding remedy. In a short time, the ultimate character of the disturbance was manifest. In their conjectures regarding the nature of the disease, they had been mistaken. It was small-pox. The Allopathist saw his mistake; but it was too late. Nature, robbed of her powers and enfeebled by depletion, could not then maintain the disease upon the surface; and the patient died, a victim to the error of human judgment. The Homœopathist also perceived the error of his diagnosis; but this error did not effect the patient, for the symptoms, and not hypothesis, had controlled the remedies administered, and there could be no mistake in his treatment. Had his first conjecture as to the nature of the disease been realized, he could not have prescribed otherwise; and nature, unembarrassed and strengthened, struggled successfully through a confluent small-pox.

From this great law of cure,—“*Similia similibus curantur*,” is derived the certainty of prescription.

I pause here a moment, gentlemen, with your permission, to correct a mistaken and prevalent impression, which my last remarks might seem to favor. There are some simple souls, who think that it is an easy thing to practise Homœopathy. That a box and book alone are necessary. This is a capital error. It is not an easy thing to draw from the patient an accurate account of his sufferings. That requires knowledge of character and patient examination; for some will magnify, while others will suppress; some will be exact, and some loose in their expressions. To direct your questions so as to elicit the precise truth, requires both tact and judgment. It requires also, both judgment and experience, to group properly the symptoms, to know what morbid cause is at work, whether one poison or many, and how complicated. For this, knowledge and research are essential. It is not an easy thing to estimate the power of the system to react, whether it will be prompt or sluggish; yet this must be understood and determined, before we can repeat the dose. It is not without difficulty we can determine whether chronic malady or predisposition is aroused by an exciting cause, and become part of it. Study and reflection are necessary in the selection of the similimum. The structure must be known—its physiology and pathology—its relative value. In fine, all that is

required of the Allopathist must be known, except his "receipt book," and more, much more. True, our agents can be seen and may be understood, but let not the uninitiated think that with little learning they can be skilfully used.

Is it not strange, that in this world of ours, where the treasures of knowledge are obtained only on the condition of experiment and reflection, that learned medical men, acknowledging the weakness of their system, should meet the announcement of a discovery of a law of cure so all-important to the human race, with denial and ridicule, based on arguments drawn from their own theories, without experience, without taking one step in investigating the new field discovered? The absurdity of such a course, is aptly illustrated by a conversation related by Capt. Marcy, between a Delaware and a Camanche, in his late expedition through the Indian country. It appeared that the former had stated to the latter, the fact of the sphericity of the earth's surface. This idea, being altogether new and incomprehensible to the Camanche, was received with much incredulity. After gazing for a moment at the Delaware, to ascertain if he was sincere, he asked if that person took him for a child, or if he looked like an idiot. The Delaware said, No, but the white people, who knew all about these things, had ascertained such to be the fact. He added, that the world was not only round, but that it revolved round the sun. The Camanche very indignantly replied, that any man of sense could, by looking off on the prairies, see at a glance that the earth was level; and, moreover, that his grandfather had been west to the end of it, where the sun passed down behind a vertical wall.

The Delaware continued in his simple but impressive manner, to describe to the Camanche the operations of the steam-engine, and other objects of interest he had seen. All of this the Camanche regarded as an effort of a fertile imagination, expressly designed to deceive him; and the only reply he deigned to make was an occasional exclamation in his own language, the interpretation of which the other pronounced to be, "Hush you fool!" "I then endeavored," says Capt. Marcy, "to explain to the Delaware the operation of the magnetic telegraph; and in illustrating its practical utility, told him that a message could be transmitted a thousand miles and an answer returned in ten minutes. He seemed much interested in this and listened attentively to my remarks,

but made no comments, until I requested him to explain it to the Camanche. He smilingly said, "I don't think I will tell him that, Captain, for the truth is, I don't believe it myself." What excited the contempt in the mind of the savage? The difficulty was, he drew his inference from his own limited knowledge and his own traditions, rejecting the new facts upon their mere announcement.

But a truly scientific mind is by its very acquisitions rendered teachable, as in the case of my learned friend, Dr. Benjamin F. Joslin. Before his attention was attracted to the discovery made by Hahnemann, an Allopathic physician of standing, having written a tirade against Homœopathia, sent it to the most learned and distinguished of the medical men of this country, requesting their opinion on the subject; and among others, to Dr. Joslin, who deferred answering, on the ground that he could not give an opinion until he had investigated the new system experimentally. To prepare himself to express an opinion worthy a man of science, he commenced a series of experiments upon himself, to test the truth of the specific action of drugs, and then proceeded to test the law of cure. The result was the conviction of the truth of Homœopathia. So, gentlemen, must it always be, when this great subject is fairly examined.

We have seen that the world is indebted to Homœopathia for the discovery of the pathogenetic and specific action of drugs; for the knowledge of the sensitiveness of a diseased human nerve to similar irritants; for certainty in prescribing a dose that is a medicine, and not a poison; and for the great law of cure.

Immortal honor to the man who was the discoverer. Yet upon that great head has been showered vituperation and abuse; his investigations ridiculed, and their results denied without examination; he himself characterized as a charlatan. All that blind prejudice, selfish interest, and sordid avarice could do, was done. But it is manifest, from the rapid and wide-spread advance of his principles, that the justice which his cotemporaries denied will be fully awarded by posterity.

PHOSPHORUS.

COMPILED FROM DR. KASPAR'S LECTURES, BY CARROLL DUNHAM, M.D.

PHOSPHORUS acts directly upon the blood-life, modifying it in a remarkable manner, producing a tendency to decomposition, and causing ecchymosis, hemorrhage and depositions in the parenchymatous organs. The pus of which it induces the formation, is intermediate between *true pus* and *sanies*. Phosphorus induces, in particular, a violent erethistic condition of the whole vital process, acting first, upon the nervous system, then by a reflex action upon the vascular and the remaining systems, and causing in its subsequent action, apathy, torpor, and paralytic conditions.

1. *Vascular System*.—Erethism is distinctly marked. Sometimes it is general; sometimes partial, affecting especially the head and chest; chills predominate, but excessive heat is often induced, and these sensations alternate quickly with each other. Sensations resulting from a partial erethistic condition in the head and chest accompany almost all other symptoms. Throbbing of the vessels of the head (also Belladonna). The general temperature is much elevated. Thirst may be *increased* or *absent*. Sweat is much increased.

2. *Nervous System*.—Much excited. This excitement is manifested in gaiety and levity, in diminished sleep without consequent suffering; in restlessness and dreamful sleep, in entire sleeplessness, even in delirium. The fantasy is exalted. In the further action of Phosphorus apathy is induced; the mental activity and ability are diminished; trembling and jerking of the muscles are frequent, especially of the muscles of the head, face, and neck.

3. *Nutrition*.—Impaired—as shown by the earthy complexion, with the peculiar yellow tint, recognised in the Phosphorus degeneration. The turgor vitalis is at first increased, then depressed, emaciation resulting. The *Secretions* are in general diminished, even to dryness. (Sweat and urine are (mechanically?) increased.)

4. *Skin*.—Phosphorus has little affinity for the skin. It induces the formation of papules and of ulcers, especially on the points of transition between the mucous membrane and the skin, and in the hollows of the joints (this is very characteristic). Ecchymoses.

5. *Eyes*.—Irritation, swelling, the conjunctiva is reddened, and the cornea is rendered opaque; the globe of the eye enlarges, and vesicles form in and around the eyes; in consequence, sensations as of clouds and sparks before the eyes are induced, with a sensation as of sand in the eye, and twitching of the eyelids.

6. *Ears*.—Dryness.

7. *Nose*.—Dryness, ulceration, sticking, efflorescence around the nose.

8. *Mouth*.—Dryness, furred tongue, vesicles, *aphthæ*, difficult deglutition (because of the dryness). The pharynx is irritated and inflamed.

9. *Digestion*.—Disturbed, as is shown by loss of appetite, disgust, nausea, scanty vomiting, acid eructations.

10. *Excretions*.—Sensation of heat through the whole intestinal track, even to burning, *relieved by Coffee*. Various pains. Great development of gas (meteorismus, tympanitis). *Stools* are scanty, of a pappy nature, green, also gray, thin and frequent. Sometimes they are difficult and painful, attended by tenesmus and burning in the anus.

11. *Respiratory Organs. A Specific Action*.—Phosphorus induces great dryness, roughness, hoarseness, laborious cough, with a scanty, tenacious, muco-purulent and bloody expectoration. The respiration is accelerated, with a feeling of constriction, heat, congestion and sticking pain.

12. *Genito-Urinary Organs*.—Inflammation of the kidneys.(?) Diminution or increase of the urine; burning in the urethra, or involuntary micturition. The sexual instinct is increased, showing itself in priapism, nymphomania, pollution, powerless coitus, &c. Menstruation is too early and too copious.

13. *Bones*.—Phosphorus exerts a specific action, especially on the jaw-bones, inducing inflammation and suppuration, with a simultaneous formation of callus.

APPLICATION.

Phosphorus is indicated as well in acute as in chronic cases,—rather in acute diseases. In all conditions of nervous and vascular irritation *with debility*,—hence in erethistic conditions it stands before all other remedies. In the diseases in which it is applicable,

the transition is always easy to *torpor*; there is always a dyscrasia, approaching in character the Typhoid dyscrasia.

Special Application. 1. In Typhus. The Phosphorus pathogenesis is a perfect picture of erethistic typhus (cerebral and abdominal). It is to be compared with Arsenicum, which produces collapse, decubitus, and colliquative diarrhœa, and is thereby distinguished from Phosphorus, which has no diarrhœa.

In Pneumo-typhus, where the diagnosis hesitates between tuberculosis and typhus. In *all* cases in which inflammation takes on a nervous character, *e. g.*, dysentery, pyæmia, acute catarrh, with nervous symptoms.

2. To *inflammation of mucous membranes* Phosphorus has a peculiar affinity, with a scanty muco-purulent secretion. Hence, in ophthalmia with general vascular excitement; in pneumonia tuberculosa (frequent in Phosphorus factories), in gastritis, enteritis, nephritis, and hæmaturia, with dark, scanty, turbid urine.

3. Otitis and necrosis, especially of maxillary bones.

4. Rheumatism. In bone diseases depending on rheumatism. *In diseases assuming a chronic form.*

1. Day-blindness; photophobia, with spots and sparks before the eyes. Otitis, with deafness after nervous fevers. Polypus nasi. Dental caries.

2. Priapism, impotence; amenorrhœa.

CHAMOMILLA.

COMPILED FROM DR. KASPAR'S LECTURES, BY CARROLL DUNHAM, M.D.

CHAMOMILLA affects directly both the animal and vegetable nervous systems,—the latter in a greater degree. It acts more decidedly on the sensitive than on the motory sphere. Like Ignatia, it has no violent, long-enduring, or deep-felt action. Nevertheless, by a long use of it, the vegetation is seriously affected.

GENERAL ACTION.

1. In the animal nervous system. *Motory sphere.* Slight spasms, or rather tremblings and twitchings, of short duration. The parts

among which the *middle* spinal nerves are distributed appear most strongly affected.

2. *Vegetation*.—The sensitive sphere is more affected than the motory. 1. *Spasm* occurs also in the vegetative muscular system; but of a very feeble character. 2. *Pain* in stomach and intestines is very considerable. When spasm occurs, pain is always present predominating over the spasm (colic), and very often pain occurs without spasm.

First the gastro-intestinal sphere is affected,—then the thoracic.

1. *Stomach*.—Dull sensations, pain, often also spasm. Violent nausea interfering with appetite. Singultus when eating, ructus, vomiturius, vomitus,—all this being attended by more or less of pain. Sensation of fulness when the stomach is empty, and vice versa. Anxiety in the epigastrium after eating; drawing pains in the loins and hypochondria; accumulation of saliva in the mouth; alienated taste; sometimes even vertigo; loss of sense. Hence, in general, *aggravation after eating*.

2. *Intestine*.—Pain, flatulence, peristaltic motion increased, anti-peristaltic motion induced.

3. *Chest*.—Increased irritability of the lungs; hence tickling constriction, and anxiety.

4. *Brain*.—Irritability, anger, chagrin, restlessness, anxiety, weeping, groaning, fright, crying out, speaking during sleep, and sudden starting, especially in children.

5. *Vascular System*.—Easily excited; hence frequent congestions of short duration. Contradiction of the objective and subjective symptoms, *e. g.*, external cold, and internal heat, as in the case of Ignatia; Chamomilla, however, has pain and greater disturbance of sensation than Ignatia, and its vascular excitement is greater, amounting to a considerable degree of fever, even to delirium, and attended by violent thirst.

6. *Blood*.—Little affected, unless by a long use of Chamomilla, which renders the blood less plastic and induces chlorosis.

7. *Secretions*.—Not altered, only *increased*, especially those of the intestines and *liver*; in consequence of the latter effect, the excretions are more green in appearance, and increased in quantity. Development of flatus.

8. *Female Sexual System*.—Although this system is not specifically affected, yet the menses and sexual instinct are increased.

9. *Aggravation of the pains by rest and warmth*.

APPLICATION.

Chamomilla is applicable in erethism of the sensitive nervous spheres; hence, especially appropriate for children, and for women, especially during pregnancy; for persons of irritable temperament, prone to congestion, after chagrin and anger. Among children's diseases, it is especially appropriate for such as result from the use of milk, either always bad, or rendered so temporarily by a fit of anger on the part of the nurse,—inducing vomiting, cuttings in the abdomen, &c. Chamomilla may be used, when indicated, in all diseases, except in conditions of torpor and synocha, or of great excitation; hence, in subacute conditions, hysteria, certain odontalgia, with jerkings and distortion of the face, aggravated by *warmth*; in subacute rheumatism; in mastitis. In erysipelas faciei it is *renowned*. In intermittent fever, with abdominal symptoms characteristic of Chamomilla. In diarrhoea, with violent pains; abdominal spasms before the evacuation; *stools* pappy, watery, acid, and bilious. In gastric affections, especially after chagrin and anger, with much thirst and heat. Icterus, consequent on a fit of anger, with great excitability. Important in the period of dentition; in the menstrual period, for menstrual colic; metrorrhagia with the characteristic symptoms of Chamomilla—false pains; in several varieties of asthma with great sensibility. Ischias, cramp of the calves.

YELLOW FEVER.

BY J. G. HOUARD, M.D.

AMONG the diseases to which the human system is liable, few are more to be dreaded than that commonly known as the yellow fever. Happy is it for the human race, that like all epidemics, in its violence it is for the most part confined to certain districts and seasons, seldom appearing in a northerly clime, and never amid the frost of winter. This is well for man, for had it a more extensive reign the deluge of old, could scarcely have been more destructive; this fair world of ours would long since have become one vast

chapel-house. The most formidable feature of this disease, however, consists in the unyielding obstinacy with which it holds steadfastly on its course, in defiance of medical skill, until timely checked by antagonistic elements. Its annual visitation causes more dismay than the approach of an invading army, and men of lion hearts who can without trepidation march to the cannon's mouth, flee before it. Why is this? It is an invisible enemy. However roughly it may touch man, yet it is to man intangible.

The violence of this disease in all tropical regions, where it prevails, has excited the sympathy of those remote from the scene of its depredation for their brethren of the human race, who are of necessity exposed to its attacks. Scientific men have bent their minds to the task of unravelling the mysteries of its operation, and of searching the whole field of *Materia Medica* for some simple or combined substance which might check its progress. So great has been the mortality, that the British government a few years ago, offered a reward of £1000 to any one who should find a specific for yellow fever. All has been in vain, until within a few years, when the much-lamented Dr. Taft of New Orleans, and Dr. Houard of the Island of Cuba, successfully employed the following medicines, viz.: Aconite Nap., Belladonna, Arsenic, Bryonia, Rhus, &c. The laurels which from this discovery gather about the brows of these justly celebrated physicians, belong no less justly, and will not be denied by every impartial observer, to the Homœopathic system of medicine upon which the first practised, and the last is still practising with such eminent success.

But without further preliminaries, we will at once proceed to the particular consideration of this disease, both in its character and treatment.

The yellow fever, called by Cullen, *febris flava*, *typhus icterodes*, and by Pinel, *fièvre gastro-adinamique*, is a disease which prevails endemically within the tropics, commonly confined to localities, where great moisture is joined to intense solar heat, hence it is most common in seaport towns, or in tracts of country bounding large bodies of water, Asia, South America, the West Indies, and the southern sections of North America are annually visited by this disease. Occasionally it visits temperate climates, and where such is the case, it always assumes an epidemic form. It differs materially from the endemic remittent of tropical climates, and o

course cannot be considered an aggravated form of the bilious remittent of such places. It differs from the endemic remittent of the West Indies in its attacking strangers or such persons as are unacclimated. The natives, and even such as have been born or lived long in a similar latitude, are altogether exempt from it. An individual seldom has more than one attack, the first destroying the susceptibility for a subsequent attack.

This disease has been looked upon by some as contagious, but this notion is now altogether abandoned by far the greater part of the profession, and especially such as have had opportunities to observe and carefully examine its phenomena. This disease varies in its mode of attack, as well as in the violence of its symptoms. There are three modes of attack in the yellow fever, and the phenomena of either may vary, as the remote cause may have been more or less active or concentrated.

It has been observed in the West Indies by Dr. John E. Houard, that the character of the disease also depends upon the state of the atmosphere. It happens sometimes during the rainy season (from May to October) that there is less rain than usual, the atmosphere is dry and overcharged with electricity, the heat becomes intense and suffocating from 10 o'clock, A.M. till 5 P.M. : this state of the atmosphere molests and fatigues the native as well as the stranger, and produces a dislike for all exercise and labor.

The yellow fever at such times assumes a hemorrhagic form, from the very commencement of its attacks, and in many cases it is impossible to check these hemorrhages. On the contrary, when rain is abundant the fever presents itself less inflammatory, accompanied by mucous and bilious discharges. If to the damp and warm air is added sudden changes of weather, as is often the case in the months of September and October, the disease assumes a remittent type. Lastly, if the malaria which arises from the decomposition of vegetable and animal matter is very active, the disease is accompanied from the commencement by convulsive movements and coma, and often terminates fatally without the least febrile reaction taking place. In almost every febrile disease, as a general rule, the danger is in proportion to the violence of the symptoms, but the masked or insidious form of yellow fever usually is the most difficult to manage, and consequently the most dangerous : these are called "walking cases." The mode of attack may also be influ-

enced by individual habits or constitution, or by the violence of the occasional or exciting cause, and hence it sometimes runs its course rapidly, that is, in from two to five days, a part of the cases terminating in black vomit. In this form of the disease the symptoms are generally less violent and more obscure, though more speedily and certainly fatal, or it may run on to the fifth or to the seventh day, and though the symptoms are more acute, the danger is less, as more time is given for the application of remedies; or it may present a remittent type, having regular exacerbations and remissions. If it assumes this form, it may run on to the ninth or eleventh day. The mode of attack, however, is pretty generally marked by the same train of symptoms, differing more in force, than in character, if we except the first, which often has the peculiarity of betraying itself by scarcely any outward signs, except weakness, slight headache, or nausea.

Diagnosis.—The premonitory symptoms of yellow fever are giddiness, wandering pains in the precordia and limbs, slight chills, nausea, and frequent sensations of faintness; the heat of the skin is seldom above the natural standard at the onset, but soon increases in intensity, conveying to the mind the sensation of pungency. After a few hours a reaction takes place, the face assumes a peculiar flush which is distinct from the redness of ordinary fever. This redness gives a very marked character to the countenance, and can never be mistaken by an eye experienced in this disease. The tongue in the commencement is usually moist and clammy, but rarely dry, rough or red; though these conditions are sure to follow in a short time.

The skin is dry and harsh, for the most part, though occasionally it is found covered with hot perspiration: this sweat is sometimes early in its appearance, and at times extremely profuse, but it neither abates the action of the heart and arteries, nor mitigates the local sufferings; it is therefore not critical, but on the contrary, rather betrays malignancy. There is rarely so great an abatement of symptoms, at any period of the day, as to amount to a remission, though there frequently is an exacerbation that is every way alarming, and this may happen twice or even thrice in the twenty-four hours. When this happens, the disease proceeds with hasty strides to its fatal termination. The eye becomes more sad, lividity is added to the deep-toned color of the

cheeks, the tenderness is much increased by pressure over the region of the stomach, nausea and vomitings commence or increase, jactitation and delirium, the urine becomes intensely red in color and small in quantity, the extremities lose their heat, the gums become swollen and livid, the tongue red, or brown and dry, thirst insatiable and the drinks rejected as fast as swallowed, the fluids ejected are of a darker color, the skin and eyes acquire a yellow tinge, and the mind becomes confused and wandering.

After a continuance of these symptoms for a few hours, the system seems to make a compromise with the disease, and passively yields to its ravages; there is no diminution of the danger at this stage, though the system seems less morbidly excited: if the suffering be less, danger is increased. The most incessant nausea and thirst, with constant vomiting, take place. The matter ejected from the stomach consists chiefly of the drinks which had been previously swallowed. A threatening change soon follows: the fluids vomited become thicker, somewhat ropy, and contain floculi. The whole surface of the body, with the exception of the abdomen, is colder than natural; the hands and feet deathly cold, and presenting a mottled appearance; pulse feeble, fluttering or extinct, or it may be slow; the mind may wander, but delirium is not a constant symptom. In some cases the disease runs its entire course without affecting the mental faculties. Yellowness of the skin begins to show itself, and becomes the harbinger of the dreaded and fatal "black vomit." The gums and other parts of the body, at this time yield considerable quantities of blood, which renders the aspect of the patient truly hideous.

There are many other symptoms which might be mentioned here, such as pains in the joints, the eyes injected, violent pulsation of the carotids, tongue sometimes red and contracted; in some cases coryza is present and thick slimy mucus in the mouth and throat, and the epigastric region assumes a red tinge. Epigastric pulsation is visible in some cases. The patient is restless, with constant desire to change position. Constipation, pulse strong and full.

The predisposing cause of yellow fever is attributed to the decomposition of vegetable and animal matter, submitted for a considerable time to the influence of intense solar heat, in crowded cities and other confined places, generating a miasm which under

favorable circumstances, will cause yellow fever; vapors arising from marshes, derangement of the stomach, and the intestinal canal, fear of contracting the disease, exposure to the heat of the sun, and to the dampness of the morning and evening air, sanguineous temperament, the pleasures of the table, abuse of alcoholic drinks, coffee, and muscular exercise. Changes from a temperate to a tropical climate. Individuals with chronic irritation of the mucous membrane of the stomach, are particularly predisposed to the yellow fever. Stimulating medicines and bitters, &c.

Prognosis.—This disease must always be regarded, even in its commencement, as unfavorable, though it is not inevitably fatal, especially under the Homœopathic treatment. If the disease has commenced in an open, undisguised form, the chance of recovery is increased; but if it attacks insidiously, the danger is always in proportion to the absence of prominent or decided symptoms. If the disease assume or can be made to assume a regular form, that is, have its remissions and exacerbations in regular order, though the symptoms run high, there appears to be a better chance. Individuals affected with chronic irritation of the digestive organs, and of the central circulation, rarely recover from the attack of yellow fever; their system soon yields to the ravages of the disease in consequence of hemorrhage and gangrene, and from the very commencement signs of endocarditis manifest themselves.

If in the adynamic period the patient complains of extreme debility, and at the same time the features become elongated, with epigastric pulsation, and the contractions of the heart are scarcely perceptible, it denotes that congestion has taken place in the stomach, which soon will be followed by the black vomit, and ecchymosis in different parts of the body.

Intense cold, convulsive movements, paleness of the face, distortion of the countenance, restlessness, general prostration, short and difficult breathing, pulse depressed, indicates a severe attack of the cerebro-spinal system, which has partially paralysed the heart. If these symptoms continue, death is the consequence without the least reaction.

Generally speaking, if the yellow fever commences with nervous symptoms, it is much more intense than when it commences by inflammatory symptoms. The continuation of the lumbar and articular pains after the inflammatory stage, is a bad omen. Dry-

ness and contraction of the tongue, and whether there be black vomit or not, indicates the intensity of the gastric phlegmasia.

When at the commencement of the disease the tongue is of a deep red color, and dry on the edges, with a longitudinal line of a dark color in the centre, it is almost a certain sign that the case will end fatally.

Delirium with subsultus tendinum often precedes death in the adynamic period. Epistaxis, which sometimes takes place in the inflammatory period, is often beneficial, but in the adynamic state, is always fatal. The intestinal hemorrhages are beneficial in the inflammatory stage, if not too profuse, while a contrary effect is produced when they take place in the second stage. On the other hand, if there should be a general abatement of the symptoms, especially of headache, with a softened skin, a general and equally distributed warmth, less jactitation, diminution of thirst, without nausea or vomiting, and tongue beginning to clean, less tenderness of epigastrium, bilious fæcal discharges, a free flow of lighter colored urine, a moderate and general diffused perspiration after the abatement of the exacerbation, a favorable prognosis may be given.

Treatment.—The remedies which have proved most serviceable in the treatment of this disease are:—Aconite, Rhus tox., Bell., Arsen., Bryonia, Ipecac., Nux vom., Veratrum. Dr. Houard of Cuba has been eminently successful in the treatment of the yellow fever on the south side of the Island of Cuba. The remedies which he employed were principally those mentioned above, and he says that he is convinced from an experience of five years (and upwards) of Homœopathic practice in that country, that Aconite is a specific in the yellow fever, when applied in the first stages, rarely having failed to cure when called in time for the application of this remedy. Sometimes he employed Ipecac. in alternation with Aconite, when the cases appeared to require it. Belladonna is often indicated in the first stages, especially when the first symptoms declare themselves with nervous attacks. Dr. Houard employs his remedies from the third to the twelfth, and in some cases, even the thirtieth was employed with the happiest results.

If first symptoms should first declare themselves with much pain in the lumbar region, nausea and vomiting, uneasiness in pit of the stomach, sensation of faintness, Ipecacuanha should be exhibited;

and if the disease should continue to progress, the following medicines should be considered:—Aconite, suitable in first and second stages, when there are burning and dry skin, violent headache, face red, red and sensitive eyes, tongue moist and clammy, or with a whitish slimy coat, lips and mouth dry, pains and soreness in back and limbs, nausea, violent febrile reaction, short and anxious respiration, restlessness, excessive thirst, urine intensely red in color and small in quantity, pulse strong, full and frequent, great heat and irritability of the stomach, great anxiety, agitation and jactitation.

Belladonna, suitable also in first and second stages. Face deep red, fixed and prominent eyes, eyes red, tongue coated with brown mucus, face appears bloated, skin dry and hot, pulsation of the carotid arteries, pulse strong and frequent, shooting pains in the head, cramplike pains in the back and limbs, continual tossing and anguish, nausea or violent vomiting, burning and pulsation in the region of the stomach, tenderness much increased over the epigastric region by pressure, urine red or brown.

Bryonia, suitable in second stage. Skin yellow, eyes red and glassy, tongue dry and coated with dirty yellow or brown, vomiting particularly after drinking, mind confused and wandering, burning thirst, pains increased in back and limbs, anxiety and fear, loss of memory.

Arsenicum, in third stage. Skin yellow, eyes yellow, fixed and prominent, torpor and insensibility of the tongue, as if it was burned, tongue covered with a brownish slimy coat, or accumulation of mucus mixed with blood, frequent and excessive nausea, excessive pain in epigastric region, constipation, urine red or brownish red, coldness of body with cold and clammy sweat, colliquative sweats, pulse irregular, small and frequent, or suppressed and trembling, extreme debility, limbs stiff, great oppression at the stomach, rapid and anxious respiration, violent vomiting, delirium, loss of consciousness, raving.

Nux vomica. Burning pains in stomach, pressure and cramp-like pains in the epigastrium, vomiting of bilious or mucous matters, eyes inflamed with redness of the conjunctiva, and sclerotica yellow, despair or loss of consciousness and delirium, with moaning and muttering.

Veratrum album, suitable in the third stage. Nausea and thirst

with constant vomiting, the whole surface of body colder than natural, hands and feet deathly cold, pulse feeble, fluttering and intermittent, yellowness of the skin, vomiting of black bile or blood, violent burning in the stomach, loss of senses, coma or delirium, epigastric pulsation, intense thirst, difficult deglutition, entire prostration of strength.

When the fever assumes an hemorrhagic form, with great paleness of the face, violent headache, great heaviness in the limbs, tremulousness of the body, Carbo veg., is the remedy.

The other medicines likely to prove serviceable are, China, Cantharides, &c.

REPORT OF THE COMMITTEE ON SMALL-POX AND VACCINATION.

PRESENTED TO THE AMERICAN INSTITUTE OF HOMŒOPATHY, JUNE 10, 1853.

RAVAGES OF SMALL-POX.

THE first reliable information we have of small-pox, is found in an old manuscript in the library at Leyden, which is dated 572. It says, "In this year, small-pox and measles made their appearance in Arabia." Speaking of these diseases as if they were known to have existed in other parts of the world previously. We are informed by Gibbon the historian, that small-pox broke out at the memorable siege of Mecca, two years (A. D. 562) before the birth of Mahomet, and raged so violently in the Christian army as to cause its overthrow.

It is highly probable that the disease was not known to remote antiquity, inasmuch as we find no account of it by Celsus and Galen, whose works are a kind of digest of the knowledge of their predecessors.

The first accurate *description* of the disease which has come to us, is found in the writings of a distinguished Arabian physician, by the name of Rhazes, who lived in the beginning of the 10th century; he says, "It was brought out of Ethiopia into Arabia. It prevailed in Alexandria, in Egypt, in the year 641; and some suppose that it originated in India centuries previous."

It was introduced into Europe by the Saracens, who overran Spain, Sicily, and the Levant in the 8th century.

But its introduction became more general through the disbanded armies of the Crusaders, who contracted the disease in the East, and conveyed it to their homes at the close of the 12th and the beginning of the 13th centuries. Soon after, through commercial intercourse of the nations of Europe, it spread with great rapidity, and for hundreds of years scattered death and destruction over the fairest portions of the globe.

In the British Islands alone, 40,000 were annually swept away; and of 1,300 cases attacked, 500 died.

In twenty-five years after the discovery of this continent, we are told it destroyed more than half the population of the provinces into which it was introduced. Three millions and a half are said to have fallen victims to it in Mexico alone, in the course of a very short period.

Emigration to North America brought it to the aborigines of our immediate country, where whole tribes in some instances were swept away, scarcely leaving enough to preserve their name.

Such a disease was small-pox, previous to the discovery of inoculation.

INOCULATION.

It is not certain where inoculation originated. It has been ascribed to the Circassians, who are said to have employed it as a means of preserving the beauty of their women. It appears to have been long practised in the south of Wales, in the Highlands of Scotland, and in Constantinople; from which latter place it is said to have been introduced into England by Lady Wortley Montague, whose daughter was the first person inoculated in England, in 1721. It was performed in this country during the same year.

The operation is performed by inserting a small portion of small-pox matter beneath the cuticle, by means of a lancet. The matter can be taken immediately from the small-pox pustule, or as is more frequently done, by re-moistening a string or fine tape which has been allowed to absorb the matter from a pustule. The place generally selected for the operation is on the upper arm,

near the insertion of the deltoid muscle. For the sake of uniformity, the left arm should be chosen.

The vesicle begins to form about the eighth day, and the eruptive fever sets in; the areola appears soon after, and in a couple of days small red pimples are observed on various and distant parts of the body, which gradually progress to the fully developed small-pox pustule.

Although inoculated small-pox is less fatal and less liable to lead to deformities than natural small-pox, it is still a dangerous and most loathsome disease. It is contagious, and a mild case of inoculated small-pox is fully capable of propagating the disease in its most malignant form.

VACCINATION—ORIGIN AND NATURE OF THE DISEASE.

Long anterior to any scientific experiments upon the human subject, a pustular disease was known to infest the udders and teats of cows in England, and probably in other parts of the world, which was communicable to the hands of those who milked them; and a report gained currency among the common people that those who contracted this disease (called cow-pock), were thereby fully protected against the small-pox. About the year 1768 or 1770, the attention of Dr. Edward Jenner was attracted to the subject. About this time it was discovered that matter from a disease appearing in the form of pustules and ulcers in the heels of the horse, known to farriers by the name of Grease, was capable of producing the cow-pock when applied to the teats and udders of the cow by the hands of the milkers. The matter of grease was frequently transferred from the heel of the horse to the udder of the cows by the hands of the groom who washed the sores of the horse, and without paying proper attention to cleanliness, assisted the dairy-maids in milking. Further investigation and close observation, satisfactorily proved to the mind of Dr. Jenner that the disease had proceeded from the horse to the cow, and thence to the human subject. He was struck with the remarkable likeness of these diseases to the small-pox, and thought it highly probable that the grease in the horse might have been the origin of small-pox in man. But that in passing through the system of the cow it became so modified as to lose its malignity, and result in the mildness of the vaccine disease.

Since the time of Jenner it has been suggested, on the other hand, that both the diseases, grease and cow-pox, may be the offspring of small-pox in the human subject. That the groom, while laboring under variola might communicate the disease to the heel of the horse, or the milk-maid to the udder of the cow. The holders of both these opinions believe in the identity of the diseases. The latter view is very much strengthened by the experiment of inoculating the cow with small-pox matter, as was practised by the late Dr. Carpenter of Lancaster, Pennsylvania, which produced a *perfect* vaccine pustule. Of the prophylactic power upon the human system of the vaccine disease, produced in this way, nothing is known with certainty, but the probabilities are that it possesses the same or equal power as ordinary cow-pox. However we may view the matter, investigation and deduction bring us to the same conclusion; viz.: a belief in the common origin of small-pox, grease, and cow-pox. If this be granted, and in the light of the great homœopathic law, "*similia similibus curantur*," if we consider the prophylactic agency of vaccinia against small-pox, as well as its homœopathicity in the treatment of that disease (a position now well established), we are brought to this further decision, that the small-pox virus, during the germination and development of the disease in the system of the cow, is so far modified as to destroy its *identity*, and convert it into a disease of striking *similarity* to the original malady.

Dr. Jenner, in his immortal work on *Variolæ Vaccinæ*, published in the year 1800, after thirty years spent in investigation and deliberation on the subject, cautions us against mistaking a pustular disease of milder form and more local in its character, which attacks the teats of cows, chiefly in the spring of the year when first turned out to pasture, and while suckling, for the true cow-pox. The sores of this spurious disease are free from the bluish or livid tint so conspicuous in the true cow-pox, and no erysipelatous areola surrounds them. Instances may have occurred though very rarely, of the hands of milkers being affected with sores, followed with feelings of indisposition from the virus, but Dr. Jenner's opinion is, that this disease does not afford security against the infection of small-pox. On this point, however, we are left without any direct experience.

MODE OF PERFORMING VACCINATION.

The mode usually adopted in England, as well as on the Continent of Europe, of introducing the vaccine virus into the system, is to prick or scarify the skin through the cuticle, in one or two places, on one or both arms (it should always, for the sake of uniformity, be done on the left arm, above the elbow) with a lancet until it bleeds a little, and then apply a portion of the lymph directly from a fresh vaccine pustule, taken on the eighth or ninth day after vaccination, to the spot, in order that absorption of the matter into the scarified surface may take place. In some other parts of Europe the vaccine vesicles are punctured with pointed portions of quills, and the matter allowed to dry, these quills are afterwards moistened and applied to the scarified spot, so as to incorporate the moistened virus with the small portion of serum which oozes out, where it is suffered to remain until absorbed.

In this country, the plan generally adopted, is to rub up the scab, which remains after the drying of the vaccine pustule, with a drop or two of pure water, to about the thickness of cream, and apply it to the scarified spot, as above described.

PROGRESS OF THE VACCINE DISEASE.

The small thin scab made by the wound in vaccination mostly falls off, and the wound heals in thirty-six or forty-eight hours after the operation. On the fourth day a slight redness can be perceived, which on the fifth day is a little elevated in the form of a pimple; on the sixth and seventh day the vesicle begins to fill, and on the eighth the commencement of the areola can be seen, which increases in size and in redness until the tenth day, when it attains about the size of a half dollar, sometimes larger, the fluid then dries, and the scab forms, of a brownish color near the circumference, with a speck in the depression in the centre of firmer consistency and darker color. From this time the areola begins to leave, and disappears entirely on the twelfth or thirteenth day; the scab falls off on the seventeenth or eighteenth day.

The indisposition consequent upon true vaccination commences on the sixth or seventh day, consisting, in some instances, of slight rigor, followed by pain and soreness of the axilla, occasionally

nausea, feeling of lassitude, headache, succeeded by general fever and restlessness, and not unfrequently, loss of appetite. More or less of these symptoms are perceptible for two or three days. With young children the fever and restlessness are the most prominent symptoms, and last from twelve to eighteen hours. The constitutional symptoms always subside before the local disease reaches its highest point of developement. The vaccine disease, through its whole course, is so mild that treatment by medicine is very rarely called for. Hahnemann recommended, and many of our best practitioners have continued the practice of giving a single dose of Sulphur in the thirtieth potency, on the evening of the eighth day, in order to cut off the tendency to eruptive disease, which frequently follows vaccination.

In spurious vaccination the inflammation progresses from the time of the insertion of the matter. The inflammation is of the phlegmonous character, and the spot rounded. It runs its course in a shorter time than the genuine. The pustule is not depressed in the centre, the scab is of a lighter color, has no hardened speck in the middle, and is generally mealy and easily broken. If constitutional symptoms appear at all, they come on before the sixth day.

Vaccination causes neither loss of life nor deformity of the features. But does it answer the end proposed? viz.: indemnification against the infection of small-pox? If the truth of any proposition can be established by evidence that is clear, positive, and sufficient in amount, the claims of vaccination as a prophylactic against small-pox is certainly placed beyond cavil. Millions of living witnesses can bear testimony to its success in their own persons, while the absence of pits and scars from the faces of the present generation, when contrasted with deformities caused by the ravages of this most loathsome disease in generations that are past, are illustrative evidences of this great triumph of the healing art.

Special efforts have been made to infect persons with small-pox soon *after vaccination*; children in the same family have been exposed to its contagious influence; they have been placed to sleep in the same bed, and, moreover, the validity of the protection has been tested by the inoculation of small-pox matter in the arm after successful vaccination, but uniformly without producing the disease.

But some constitutions after vaccination, in the course of time, become more or less susceptible to the influence of variola, and hence we have the disease known by the name of

•VARIOLOID,

which is neither more nor less than modified small-pox, and is itself another evidence of the protective influence of vaccination.

All vaccinated persons do not become liable to this disease, and in those who do, it is probably no less owing to constitutional peculiarity than to the results produced upon the system of the patient by the lapse of time after vaccination. It is true that when small-pox prevails epidemically, we occasionally meet with very slight cases of varioloid in children, who had been vaccinated three or four years before, but the disease is generally quite harmless until the age of puberty, even in subjects who had been vaccinated in infancy. Besides, only about one-third of those exposed will be attacked, while the others will retain their protection for a longer period, and, perhaps, to the end of life. Varioloid in its usually mild form is not dangerous, and leaves no scars behind.

The following statistics will exhibit the comparative decline in the protective influence at different periods after vaccination:—

In the small-pox hospital at Copenhagen, of 257 cases reported as having varioloid, 24 were attacked within seven years after vaccination; 42 cases more than seven and less than eleven years after, and 191 cases between twelve and twenty-three years after; showing a very large proportion who had been vaccinated more than ten years.

The following statistics are still further illustrative of its protective influence:—

In one of the English Hospitals there were 126 cases in six months; of these 66 had been vaccinated, one had had small-pox before, and 58 were unprotected. Of the 66 who had been vaccinated none died, of the 58 unprotected 16 died, several had the disease in its most virulent form, and some that recovered were disfigured for life.

Again, out of 623 cases of small-pox and varioloid, 438 were in persons who had been vaccinated, and only 2 out of the 438 died.

And still further, from the report of the small-pox hospital (at

Copenhagen), we learn, that of all the patients admitted, who had been vaccinated, not one under the age of fourteen years was affected with true small-pox; not a single fatal case occurred in a subject under twenty-three years, and not one case of small-pox occurred in a patient after *re-vaccination*.

In this country, owing to the difference between our institutions and those of Europe, we have not the means of arriving at results on so exact a scale, but every practitioner must have observed a similar tendency in vaccination after a certain time, varying in different individuals, to lose a part of its protective influence, and finally, in some persons, to lose it entirely.

Vaccination became general, in this country, about the year 1810, and varioloid made its appearance about 1820, but for the next ten years it gave rise to very little uneasiness, being very mild in its course, which usually was much shorter than small-pox.

The eruption generally comes out from twenty-four to thirty-six hours sooner than small-pox, in its progress it is much lighter, the vesicles sooner fill, they dry away without secondary fever, and leave no pits behind. Varioloid was not at first contagious, but more recently it not only communicates itself by malarious influence, but if an unprotected system be exposed to it small-pox will be the result, or if an unprotected person be successfully inoculated with the matter from a pustule of varioloid, true small-pox will follow.

There are numerous cases reported in the Journals, and they are constantly recurring in the practice of physicians, where the two diseases, vaccinia and varioloid, have both ran their course in the same individual, at the same time, but each in a modified form. The vaccinia is prolonged, with the areolæ less prominent than natural; the variola is shortened, the secondary fever prevented, and there are no cicatrices left behind. But where vaccination has been performed within less than four days after exposure to the small-pox infection, the disease has uniformly been prevented.

Instances of this kind might be greatly multiplied, but the following are thought sufficient for our present purpose:—

On the 27th of May, 1849, I was called to see Mrs. A. B. J., in the eighth month of her pregnancy. Found her laboring under some derangement of the stomach, pain in the head, slight pain in

the back, and some general soreness. Gave her Rhus and she seemed better until the 29th, when all her symptoms were aggravated; at night especially, the pain in her back reached the highest degree of intensity,—fever increased, and she became restless and frequently delirious. The symptoms continued with but little variation, until on the morning of the 2d of June she was suddenly, without the usual premonitory symptoms of labor, delivered of a little boy, and the small-pox eruption appeared the next morning. On the morning of the 7th of June the lady died of confluent small-pox. On the 4th of June, i. e. the 3d day from its birth, I vaccinated the child. The vaccine disease ran its course, regularly and fully, and the child entirely escaped variola.

I have seen scores of instances where persons were vaccinated within one or two days of exposure to small-pox, and the disease was entirely prevented.—WILLIAMSON.

But if vaccination be delayed more than four days after the small-pox incubation, there is reason to believe, that although (if the vaccination be successful) the variola will be modified, it will not be entirely prevented.

I vaccinated an infant, Jan. 10th, 1852 (six months old), who had been exposed to the small-pox influence. The vaccine vesicle formed in the usual time, and with it appeared vesicles with rounded tops, which in due time filled with *lymph* and dried up without passing over to pus, and having no reddened areolæ. The scabs were thin, and without dimples in the centre. It was a case of varioloid of mild type, and got well without ulceration or secondary fever. The period of incubation was too far advanced to have the disease entirely supplanted by the vaccination, yet it was stripped of its malignity.—WILLIAMSON.

In a case reported in the London Lancet, by Matthew Hinchliffe, June, 1852, a little girl of four years, who had been successfully vaccinated two years before, had small-pox. Five days afterwards, an infant in the same family, aged eleven months, was vaccinated. The vaccine vesicles formed, as in ordinary cases, in seven days; but on the next day the child was taken with difficulty of breathing and vomiting. Four days after—that is, twelve days after vacci-

nation—small-pox pustules made their appearance over the whole surface of the body. The child passed easily through the disease, and got well;—making another instance where, if a child be not vaccinated *within four* days of its exposure to small-pox influence, the disease will not be entirely prevented.

A case of small-pox is reported by Dr. Bennett, of England, where the face was closely studded with papulæ. Vaccination was performed, and the face was covered with mercurial ointment, thickened with starch. The patient recovered without any pitting of the face; but how much is due to vaccination cannot be told.

The following case illustrates all the positions assumed in this part of the report.

A child was vaccinated, April 28th, while an elder sister was laboring under a mild attack of small-pox in the pustular stage. On May 5th, eight days after vaccination, there were two good pustules on one arm and one on the other, and the child in good health. The next day, May 6th, he was taken in a fit, and afterwards was restless and feverish. On the following day, he continued feverish, but had no more fits. On the next day, May 8th, and the eleventh day after vaccination, an eruption made its appearance, and he passed through the usual course of a mild attack of small-pox, and recovered.

The vaccine vesicles did not reach maturity as soon in this case as usual, and the areolæ were less. Several children living in the same row were successfully vaccinated at the same time, who all escaped variola. The author has recently seen several cases of variola after vaccination, all, however, more or less modified.—G. W. HOPKINS (*London Lancet*).

If these things be so, the argument goes not against vaccination, but turns in favor of re-vaccination, which we will now proceed to consider.

“The effects of re-vaccination in the Prussian army, since the year 1833, have almost completely extirpated small-pox from its ranks. In the kingdom of Wurtemberg, also, it has been found that, out of 14,384 soldiers and 19,864 civilians who were re-vaccinated, only one case of varioloid has occurred among the former, and only three among the latter, during a period of five years.”

The practice of re-vaccination in the kingdom of Wurtemberg

was generally adopted in the year 1830, and no *epidemic* of small-pox has occurred there since that time.

Sound practice and the evidence drawn from experience indicate the advantages of re-vaccination subsequent to the fourteenth year. Surgeon Nolan gives several cases where re-vaccination on the eighth day successfully protected the subjects against small-pox, while other members of the same families, not thus re-vaccinated, contracted the disease from the same degree of exposure.

I am not aware of any cases of small-pox occurring in persons who have been twice successfully vaccinated. In scores of instances I have re-vaccinated all the members of a family on the appearance of the first case of small-pox or varioloid in the house, and have never yet seen it fail of affording perfect impunity to all who would submit to the operation. In other instances, I have re-vaccinated part of the family, who were afterwards exempt from the disease, while those who refused to be re-vaccinated were subsequently attacked.

It does appear to me that the expression of a doubt of the immense value of vaccination, or of the importance and the additional security afforded by re-vaccination during epidemic small-pox, on the part of any practitioner, gives incontestible evidence of his lack of knowledge of the whole subject. His incredulity cannot be sufficient to resist the evidence derivable from an examination of statistics, which are always accessible.—WILLIAMSON.

Small-pox and varioloid are both extremely dangerous to the life of ladies during the period of pregnancy, and generally bring on abortion or premature labor, and thus prove fatal to the offspring.

Small-pox and bad attacks of varioloid occurring during confinement in a majority of instances prove fatal.

Experience proves that, owing to the peculiar impressibility of the system during pregnancy to this class of diseases, vaccination itself, under other circumstances generally so mild, becomes totally inadmissible, having proved serious in many instances, and brought on abortion or premature delivery in others. Consequently, neither vaccination nor re-vaccination should ever be performed during pregnancy, unless exposure to small-pox influence render it advisable. The proper course to avoid all danger in such cases would be to

re-vaccinate all ladies previous to their marriage, or very soon afterwards.

It is proper still further to remark that an attack of varioloid or small-pox, occurring in a female at almost any time between puberty and the change of life, is apt to bring on menstruation prematurely, and sometimes profusely. And when the disease occurs about the period of puberty, before the menses have made their appearance, it is almost sure to produce them.

Strumous or cachectic diathesis may invalidate the protective powers of vaccination. While some systems are totally unsusceptible to the vaccine virus, others receive it very readily, and soon throw it off.

It is in depraved diatheses that we see small-pox most complicated and most destructive. The disease, however, occasionally renovates such systems, and the person becomes more healthy than before.

To afford the greatest amount of protection, vaccination should not be performed during the prevalence of epidemic diseases, or even diseases of a malarious origin. It should be also uncontaminated by any existing disease. Yet the popular notion about the danger of the inoculation of other diseases is simply absurd. In the first place, no other acute disease with which we are acquainted is sufficiently similar to vaccination in its period of incubation, and in its mode of germination and development, to become incorporated with the vaccine virus; and, in the second place, chronic diseases are still less likely to be transmitted by inoculation than are the acute.

It is conceded that *eruptions* frequently appear soon after vaccination, but it is denied that *therefore* these eruptions are produced by vaccination. The homœopathicity of the vaccine virus may promote the development of *latent diseases*, throw them upon the surface, and enable us to cure them homœopathically. And will not a dose of Sulphur, Carbo vegetabilis, or of other antipsoric remedies, occasionally do the same thing?

Observation proves that these eruptions generally appear in children who are under the influence of psora, and that they are just as likely to appear after vaccination with the purest matter, as with matter of a more suspicious character. The same matter may be used in different families, and in some eruptions will follow,

in others they will not; those free from latent disorders will remain well, while those in whom disease is developed through vaccination will be found to have been liable to the very affections which vaccination has aided us to discover. And with the more certainty will we find this to be the case, if we inquire into the previous history both of the children and their parents.

This argument, then, heretofore used so frequently against vaccination, not only fails in its object, but affords additional evidence of the truth of the great homœopathic law, and of the usefulness of vaccination.

It is not only objected to vaccination that it degenerates so much as to create or transmit other diseases; it is also urged that it depreciates so as to lose its prophylactic powers. It might with equal show of reason be argued, that small-pox loses its contagious influence; and if the two diseases are similar in their origin, they are likely to be affected by similar causes.

But there is no evidence that either of these assertions is true. Small-pox, as in the earliest ages of its history, is transmitted by contact; and vaccination in a great majority of cases, as has already been shown, perfectly protects the vaccinated. If any one believes that the vaccine matter at present in use has degenerated or is contaminated, or that the mode of administration is wrong, let him get pure matter and use it in a better way.

Vaccination is as pure and it is as protective as it was at the time of its discovery by Jenner. But it is urged persons may have small-pox after vaccination. To which we reply,

All variolous diseases are liable to recur. We know not how often persons become liable to the influence of small-pox after inoculation, and so they also do after natural small-pox. I have seen instances of both, in practice, and there are numerous cases of the kind reported in the journals. During the prevalence of the disease in Philadelphia in the winter and spring of 1852, there were at least twelve cases of secondary small-pox. Fatal cases of small-pox have occurred in patients whose faces were covered with pits from a previous attack—so that, the objection to vaccination that subjects of it again become liable to small-pox, is no objection to it; for if it be, the same objection holds good against inoculation, and even against protection from the disease by the disease itself. In every point of view, vaccination (as it is neither danger-

ous nor contagious) is the safest and best mode of defence from small-pox.

Cow-pox taken from the cow can also be contracted a second time, even after it has afforded protection from small-pox. Dr. Jenner in his great work gives us a few instances of the kind, one of which may be found on page 47. Elizabeth Wynne, had cow-pox in 1759; was inoculated without effect with variola in 1797, and again caught cow-pox in 1798.

A case is reported by Dr. John Webster in the London Journal of Medicine for May, 1851, of small-pox recurring *three* several times in the same individual after satisfactory vaccination. H. N. N. was vaccinated in 1827, when three months old—had small-pox in 1833, with a brother who had also been vaccinated. In 1838, both these had small-pox again, with another brother who had been also vaccinated—all recovered. He went to India in the service of the East India Company, and was again attacked with small-pox of the confluent form, and died on the 13th of April, 1850.

While this case proves the possibility of small-pox occurring after vaccination, it also proves that small-pox occurs after small-pox.

From a careful consideration of this whole subject, we are brought to the following conclusions.

1. Vaccination has lost none of its protective influence. It is the best means of preventing small-pox at present known, and should be universally performed in infancy or early childhood.

2. Persons who have been exposed to small-pox, may be protected by *re*-vaccination, if performed within four days after such exposure.

3. All adults should be re-vaccinated.

F. R. McMANUS, M.D.,

S. S. GUY, M.D.,

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Committee.

INTRODUCTORY LECTURE

TO THE CLASS OF THE HOMŒOPATHIC MEDICAL COLLEGE OF
PENNSYLVANIA.

BY FREDERICK HUMPHREYS, M.D., PROFESSOR OF HOMŒOPATHIC INSTITUTES,
PATHOLOGY AND THE PRACTICE OF MEDICINE.

(Published by request of the class.)

GENTLEMEN:—

A traveller about to commence a long and tedious journey, which may tax his strength, his patience, and his endurance, while it will unfold to him new scenes of beauty, and open new sources of delight, is naturally inclined to inquire respecting the peculiarities of the route he is about to travel. He will desire to know at least its more prominent features, its mountains, rivers, and valleys, and something, perhaps, of the people he will be likely to meet. Like him we are about to enter upon a course of systematic observation and inquiry, and a brief glance at some of the more prominent topics to be embraced in our field of study, will form a not inappropriate theme for our evening's introduction.

The College announcement informs you that a course of instruction upon the Institutes of Homœopathy, Pathology, and the Practice of Medicine has been committed to my hands.

You may easily imagine that, in surveying the important duties thus intrusted to my charge, and reflecting upon the inevitable consequences which must result from their well or ill performance, both to you as individuals, to this institution, to our entire school of medicine, as well as to our common humanity, we tremble with apprehension and involuntarily shrink from the discharge of those duties which the partiality of the Managers of this Institution have imposed upon us. Nothing, you may be assured, but a profound conviction of the truth of those great and peculiar principles which form the basis of our medical faith, and of the deep importance to our entire race of their diffusion and acceptance, could have induced us to assume a position so important and so responsible.

The Institutes of Homœopathy involve, principally, our great law of cure, and its application. To explain that law, to enforce

and illustrate it, so as to place its profitable application within the reach of the intelligent student, will be one of the principal duties of my chair.

It is happy for us, gentlemen, and happy for mankind, that there is a law regulating the application of medicines in disease. That amid the multiplicity of diseases to which men are subject, and the numberless remedial agents which surround us, we are not left to conjecture or even to blind empiricism, as to what is appropriate, and what will cure. But that the benevolent Author of all good has stamped upon all morbid phenomenon, through their reflection upon the material world around us, a law for their government and control.

To this law, as to a high and lofty principle, all-pervading, and all-overshadowing in the domain of therapeutics, we can appeal with a confident expectation that the ground will not yield beneath our feet, nor its application deceive our reasonable expectation.

It has received the sanction of experience, and may be regarded as a settled and incontrovertible axiom. It has now been tested for more than fifty years, in almost every variety of disease, in every climate and country, and under almost every conceivable variety of form and circumstance, and yet it has rarely or never failed to justify the reasonable expectations of those who have employed it. To say it has never failed to cure, would be to aver that an art has no limit for its application. But wherever it has been possible for medicine to aid, relieve, or cure, medicine administered according to this principle has been effective. It has formed the ready resource of the physician amid the most fatal and destructive epidemics which have ever wasted the earth, and has proved the simple talisman, whose touch has imparted health and life. It has exercised an influence upon the opinions and practice of the medical world, which no medical doctrine has ever exercised before, and while its enemies have been denouncing it with bitter hostility, it has been insensibly moulding their own opinions and practice to its own image and nature, rendering them, while openly its enemies and opponents, yet secretly and practically its apologists and practitioners. It has engraved a name and record, for our entire medical faith, in the imperishable annals of our race, more enduring than the loftiest monument erected to martial deeds, and has imparted to its followers a degree of confi-

dence and security amid pestilence and disease, never possessed by physicians before. It has modified, smoothed, and softened the entire medical practice of the times, and laid our common humanity under lasting obligations for the abolition of some of the most barbarous practices, and destructive expedients and remedies, which ever cursed our race. It has given to the entire system of medicine, a character of certainty and scientific unity, which it never possessed before, and rendered it a study worthy of the most devoted energies of the human intellect, and the heartiest labors of the philanthropist.

This element of certainty and positiveness, which medicine has now attained in a degree so high, as to approximate the character of the demonstrative sciences, is one of the chief ingredients of its value. In a matter so important as that of health and life, uncertainty in the means employed for our recovery is our most fatal enemy. It palsies effort, imparts indecision to every movement, and marks every step with that vacillation and hesitancy which are the sure precursors of defeat. But assure the physician that the law upon which he bases the application of his curatives, is fixed and immutable, and that, guided by it, his medicines will reach the morbid condition with unerring precision, and it imparts a cheerful confidence to his efforts, in the highest degree beneficial to himself and patient. The very step and manner of the man is different. There is hope in his countenance, light in his eye, and the very atmosphere around him is changed. This much is settled: medicines cure according to the great central axiom, *similia similibus curantur*. But let no one suppose that because the annunciation of this great law is simple, its application is also simple. The law of gravitation is simple, and yet its application to the movements of the heavenly bodies is not without its difficulties, nor is it easy for every man to become an astronomer.

It has been, indeed, objected to our great law of cure, that if it were true and applicable, it would tend to degrade the physician, and destroy the scientific character of medicine; as the practitioner being only obliged to institute a comparison between the symptoms of a disease and a medicine, in order to cure, the exercise of reason and judgment as to causes, morbid processes, and results, would be unnecessary. But may it not well be doubted, whether in the minds of those who make such an objection, some obscurity does

not exist as to that in which science consists? And may we not doubt whether they have not mistaken mysticism and antiquated obscurity for science, on the one hand, and confounded simplicity and scientific precision, with ignorance on the other.

But while the principle of cure in our school of medicine is settled, and there is but little dissent from either its truth or universality, there is no little discussion and variety of practice with regard to the best method of its application. Amid this variety of opinion and practice, it will fall among the duties connected with our chair, to examine, without bigotry or obstinacy, and yet by allowing to others the highest freedom enjoyed by ourselves, the contending claims of these various methods, and to reconcile, as far as possible, the varied and yet satisfactory results arising from its diverse exhibition, and to show, as far as practicable, the best mode of its application, under different circumstances.

In order to settle this subject in the most satisfactory manner, we shall be obliged to appeal to the authority of the most experienced and successful of our school, and often, especially, to the great founder of our system, and those of his immediate friends and followers, who seem most to have inherited his spirit and success.

It was fortunate for Homœopathy that Samuel Hahnemann was its founder. It was doubly fortunate that he was spared so long to perform the Herculean and peculiar labors incident to the establishment of such a science, and to demonstrate, by his own matchless skill and success in the cure of the sick, the truth and efficiency of his great discoveries. A man of less patience and perseverance would have been appalled at the immense labors to be performed, and disheartened at the slow progress of so glorious a truth. One of less penetration and sagacity would have failed to discover the delicate relationship of truths, often apparently so remotely allied. One of less forensic power and vigor would have been overwhelmed beneath the arguments and ridicule heaped, by able antagonists, upon a system so novel, so contrary to previous usage, and so open to popular objections.

To his writings we may appeal upon almost every point in connexion with this discussion, as to ultimate authority. What he has written may be received with confidence, as the result of larger experience and riper judgment than commonly falls to the lot of

men. And, yet, it must be understood that Hahnemann has not recorded all that is now known in reference to the law of cure and its application.

Owing to circumstances deeply to be regretted, Hahnemann offered to the world but little of the much he wrote during the last few years of his life. These circumstances have never been fully disclosed, but are understood to have been an unwillingness to enter the arena of controversy with some who owed all their professional standing to him, and whose lips and pen, veneration and gratitude should have for ever sealed, as against him. Could the voluminous observations made by him during that period of his life be given to the world, we should doubtless have a modification, at least of some of the views contained in his *Organon*. Not in the way of contradiction—far from it; but rather in the way of extension and explanation; for we may believe that the great central axiom of our system, around which all lesser truths in Therapeutics revolve as around a common centre, and from which they receive their light and vitality, is even more extensively applicable than its illustrious discoverer has announced.

To the *Organon* we shall have frequent occasion to refer in the course of our lectures, as containing the most satisfactory explanation of the great principles of the system, and the most careful and conscientious observations of many phenomena occurring in the course of the treatment of disease, and as being on the whole the most complete and elaborate exposition of our great principle and its application.

While in the *Organon* we have the announcement and explanation of the principle of Homœopathy, we have in the chronic diseases the exhibition of a pathological truth of almost boundless importance, and referring to it a therapeutic doctrine equally useful and important.

It is unnecessary now to enter into a discussion as to the truth of these discoveries, or to show their bearing and influence upon the great field before us; it is sufficient to say that they have received the abundant sanction and confirmation of experience, and are regarded as established truths, a correct apprehension of which is indispensable to the success of the practitioner.

Although Hahnemann has written more than any other man upon these subjects, and brought to their investigation a wider

range of experience and perhaps riper judgment than his successors, yet we are deeply indebted to some others who have labored long and well in this field. Jahr, Hartman, Hering, not to mention numerous cotemporaries, have each played well their respective parts, and afforded good service in elucidating, extending and applying the great principles upon which our structure is based, and each deserve our lasting remembrance and gratitude for their contributions and labors. Nor is it to be supposed that this field is exhausted. As the multitude of observers increases, and the old landmarks become more fixed and established, new truths and new applications of old ones are continually being reported, leaving us to infer that this field is yet rich and hopeful, and that in it each of you may yet achieve fresh conquests and gather new laurels.

In a science so young and fresh as that of Homœopathy, where there is so much that is new—especially in the application of our principles—it would not be surprising if much that is crude and undigested should from time to time find its way into our literature and for a period gain currency and credit. It is easy to see that the temptation, from a variety of reasons, is very great to come before the public as authors and to gain credit by assuming the popular side. Hence views are often put forth, imperfect and immature, which would either never have seen the light, or been essentially modified, had their authors patiently waited for a more enlarged experience and mature judgment. The wanderer, long groping his way in darkness, has caught a straggling ray of Homœopathic truth, and in its light objects present themselves in shapes and colors so new and wonderful, that, overjoyed, he hastens in his new-born zeal to give the world the benefit of his discoveries, while as yet he sees only men as trees walking.

The example of Hahnemann, in this respect, is worthy of imitation. Twenty years elapsed from the time of his discovery of the principle of Homœopathy, before the *Organon*, containing its elucidation, was given to the world. And these were twenty years of constant toil, labor, observation, and experiment upon this subject; and yet another twenty of equal toil and labor and even more extended observation elapsed before his great work on *Chronic Diseases* was published. Thus patient was he; thus careful that the good seed sown might have time to germinate, and thus carefu

that the truths he announced should have the signet of repeated trial and demonstration.

The literature of our school in this country is respectable. Most of the works emanating from the American press, are translations and compilations of standard European authors, and they usually compare favorably with the original productions. Sometimes a man announces himself in a manner so barefaced as to leave the intelligent reader at no loss as to his intention and object; but such instances are comparatively rare. The work of sifting will go on, and but little harm will be done by the publication of even trashy literature, provided those who use such works are properly instructed in the fundamental principles of our system—especially so, as we hold that but little injury is inflicted by reading even meagre, defective, or bad books on Homœopathy, as some truth is doubtless contained in each; and he who would become the successful reaper must not merely cast his seed in the one rich field, but rather “sow beside all waters.” We are to collect, then sift, winnow out, arrange, and then employ that portion of truth most appropriate and best fitted to our use.

The English Homœopathic literature often savors of the pill-box. There, as well as in some parts of Europe, the attempt has been made to graft Homœopathy upon old school pathology; to bend it, shape it, and make it conform to pathological notions and ideas with which it has but little in common. Fortunately, our science has survived that peril. They begin to realize that there are more appropriate doses than crude tinctures, and decimal triturations; and that Hahnemann’s discoveries and doctrines are something more tangible than German mysticisms and transcendental abstractions.

Yet our English colleagues are attractive men, perfectly at home in all the usual routine of medical literature; and entirely familiar with all the new discoveries and improvements in medical science, and we may ere long expect decided assistance from their contributions and labors.

Amid the variety of observation and practice which may from time to time meet your eye, your safety will be found, next to a thorough understanding of our fundamental principles, in a correct habit of observation. This is at all times an essential element of success with the physician, and especially so in our school of medicine, and is an indispensable requisite for professional standing

and preferment. Every hour you are called upon for the exercise of this faculty, and every day it is the only guide which will lead you safely through the labyrinth of doubt and perplexity. Without it truth may remain long concealed, or so clouded and obscured as to be worthless to you; precious gems of comfort and consolation for your patients may be trodden beneath your feet; and unless it is cultivated you will remain in that condition of contemptible mediocrity in which no man should rest. If you learn rightly to observe, we are persuaded that the application of our principles will always be safe in your hands, for observation will lead you to their proper employment.

Some have affected gravely to doubt whether it is possible to teach, successfully, the principles and practice of Homœopathy by lectures. They hold that there is so much in it to be acquired from observation, from seeing the practice of others, and practical experiment ourselves, that it must be difficult, if not impossible to impart a competent knowledge of it by oral instruction. Without denying that there is some force in the observation, we would reply, that, if there are tangible truths in this science, as undoubtedly there are, it cannot be an impossibility to impart to others a knowledge of those truths, and although the subject is by no means free from difficulties, yet we believe they are not insuperable, and that the apprehension has its foundation, at least to some extent, in a vague and cloudy conception as to what those truths are. But on the other hand, we are free to affirm, that although the subject has its difficulties, yet we believe the unwritten history of our science, and its teachings, is of no less importance than the written; and without oral instruction and example from some who do know, no man, however studious or attentive, can ever become an adept in its practice. The question then is merely, whether this oral instruction shall assume the form of stated systematic lectures, or the desultory conversation of teacher and pupil. Besides, it is intended to accompany the lectures with stated clinical instructions, in which every practical point will be illustrated and applied.

Another important branch committed to our charge, closely related to the previous one, and equally important, is Pathology.

We are to understand this term in its widest sense, as being not only an account of the morbid changes occurring in the diseased subject, and demonstrable by the knife of the surgeon in the cadaver, but as involving the entire history of disease, with all its

antecedents, manifestations, changes, and results. It includes, in short, the natural history of disease.

While Physiology has to do with the functions of the living body, and the part the several organs play in the economy of the healthy, Pathology has to do with the same body in a diseased or abnormal condition. As it is interesting to the intelligent mind to study the functions of the living body when in health, it is not less so to study them when in disordered action and struggling under the influence of some morbid agent. We shall see that the laws which govern the beautiful harmony of its movements, in a state of health, are not more definite and positive than they are in disease.

In the one case, we have them perfectly controlling the various functions of the system, and preserving the harmony of its motions, in order to subserve the higher purposes of our existence; and in the other, we witness a struggle, a mighty contest going on, the vital force seeking to free itself from some inimical agency, and the body often rapidly wasting under the excessive labor and excitement of the effort.

It becomes our duty, as the ministers of nature, to study these varied and almost endlessly diversified movements. If we would afford intelligent assistance, and offer a sacrifice worthy of ourselves, and of the occasion, we must be perfectly familiar with the entire subject. We must know what changes are occurring in the diseased body before us, we must know the symptoms by which such changes are indicated, and the farther results that are likely to ensue. At a single view we must take in the entire phenomena of diseased action, and be able, from the history of the case, and the symptoms before us, to form an intelligent judgment as to the real condition of our patient, his danger and its sources, and the probable results of his case.

Nothing affords a more ready access to the confidence of our patient, than being able to give him a natural and life-like, because truthful portrait of his case. He at once conceives that you understand his case, and he gives you fully that confidence which is in the highest degree important as an element of your success, and that remains a part of your capital until forfeited or lost.

In acquiring a knowledge of Pathology, nothing that has a proper bearing upon the subject is to be omitted. Whatever assistance is afforded by chemical analysis or microscopic examinations of the

various secretions or portions of the human body, is to be turned to account. All the light which Percussion and Auscultation can throw upon the morbid changes occurring within the chest, and the phenomena by which they are accompanied, is to be carefully consulted and employed, and in short, no means are to be neglected which may tend to make us familiar with the natural history of disease. For acquiring this knowledge we have peculiar facilities. We see disease, under our mild system of treatment, much more naturally than do our brethren of the old school. We do not often see our patient driven hither and thither by excessive doses of prostrating drugs, now exhausted from the action of a cathartic, and then from an emetic, and the phenomenon of disease always disguised and modified from the effects of the treatment, so that often the physician finds it impossible to conclude whether the heterogeneous medley before him is the result of medicinal or morbid action. Hence we ought to be better diagnosticians than they are.

But yet, notwithstanding our facilities, we fear that this branch has been too much neglected by Homœopathic physicians. Looking at the external manifestations, and constantly comparing these with the records of our *Materia Medica*, in order to cure, we are inclined to overlook the accessory advantages to be derived from this source. Our *Materia Medica* being so extensive and minute, and requiring for its just and profitable employment, so large a portion of our attention and study, we are apt to undervalue the less useful, though perhaps no less important branch under consideration.

We urge you to acquire a competent knowledge of the use of the stethoscope, and the aids afforded from chemical analysis and other assistance to be derived from science in this direction, not because with these things you can cure, but because they form a part of medical education, and impart knowledge of your patient and general science, of which you cannot afford to be ignorant. It is quite true that no man ever cured a diseased lung by the use of the stethoscope, nor a diseased kidney by an analysis of its secretion, but these things have imparted to the practitioner a clearer knowledge of the morbid changes which he is called on to treat, and often enable him to give a more intelligent and satisfactory diagnosis and prognosis of the condition of his patient, than he

could otherwise have done. Besides we may believe that our researches in this direction have not yet afforded us all the assistance of which they are capable, and it is reasonable to hope, that ere long, the key will be discovered by which we shall be enabled to direct certain classes of our medicaments to these material morbid changes.

But while this may be indulged as a reasonable expectation of the future, we would take occasion to warn you against the now, in some quarters, rather fashionable doctrine, that these morbid changes, demonstrated to the eye by the scalpel, are the most important symptoms to which we can apply our similia, and that the less prominent changes in sensation and function, are of comparative insignificance. Such is by no means the case. Our *Materia Medica* is rich in symptoms occurring in the sensational and functional sphere, while it is poor in the record of morbid material alterations. And in this it is true to nature. The medicine which will afford relief from its similia to the symptoms of the sensational sphere, be those sensations ever so trifling, will effect important modifications and ameliorations in the morbid condition which may have immediately preceded it. And we should always, also, bear in mind that before every material alteration there are always important changes in the vital forces themselves, and that such material alterations are but the result of their abnormal action. Hence it is that symptoms, often so unimportant or so trifling, have so important a bearing in the selection of a remedy,—a circumstance upon which you may often have occasion to reflect.

The last branch of our subject is the Practice of Medicine. While the Institutes of Homœopathy afford us the principles on which to apply our curatives, and Pathology supplies us with the history and results of morbid action, the Practice of Medicine is to make us familiar with the application of our principles to the morbid condition before us. We are to become familiar with the details of the sick-room, the appearance, condition, and wants of our patients, in short, with the minutia of every-day practice.

We have not the vanity to suppose, that by such a course of instruction merely, however prolonged or attentively studied, you will become skilful physicians, perfectly competent to guide the storm-tossed bark of human life through all the perils of disease; but we do suppose that you may thus, to a good extent, become

acquainted with the route you are to travel, the dangers that beset you, and the rocks on which you are liable to be wrecked. We suppose that you may thus lay the foundation upon which you may afterwards build a successful and profitable medical career, alike honorable to yourselves, and useful to the world. You will thus be in a condition to go out and study our common humanity to advantage and profit. You will compare it as it exhibits itself to you on the sick-bed, with what you have seen, read, and been told of it elsewhere, and may thus arrive at just and accurate conclusions. But this is a matter which you will accomplish for yourselves, and mostly after you leave these halls. Here you take the initiative. Here you learn to observe and to compare, in order to form a proper estimate of the objects afterwards to demand your attention. In your future course you are to acquire those habits of careful investigation, prompt apprehension, and readiness of resource which mark the skilful practitioner. And this art of medicine you are to acquire, from hearing the subject often discussed, seeing others do it, and doing it yourselves, until from repeated practice you become the finished workman. This is mostly to be the work of your own hands. We can direct you in the way, instruct you in the principles, and some of the details, but the main body of the work is to be the result of your own labor, patient observation and toil.

Such is a brief sketch of the course we have marked out for ourselves during this session, and in its execution we shall be under the necessity of asking your kind indulgence, and your charity for the imperfect manner in which it may be performed.

From the limited period which has elapsed since we accepted this chair, and the brief and slender opportunity afforded us for preparation, we fear that we shall not be able to do the subject or ourselves justice; but still, with a heart full of zeal, and a mind impressed with the importance of the work committed to our hands, we shall give you what we have. It has been said that one good listener is worth two story-tellers. If this be so, and there is truth in the remark, your kind attention and patient consideration may help the case much.

The profession you have chosen, gentlemen, is a noble one. Held in high esteem among honorable men, worthy of yourselves, and worthy of the loftiest aspirations of your minds. And it is

destined to stand in yet higher estimation among men. We have sometimes wondered how past medicine, in its helplessness and imbecility, has sustained itself in public estimation, or even preserved itself from contempt.* Yet such has been the fact, doubtless owing to the number of eminent and worthy men engaged in its practice. And now that the physician has a key with which to unlock the light-giving stores of nature, we may reasonably expect that the practitioner, in proportion to his facilities for good, will, with the profession at large, be constantly rising in the good opinion of those around him.

You have seen an organist seat himself before a full-keyed and melodious instrument, and your soul has been entranced as his hands ran over those varied and almost endless keys, as you heard by turns, the march of armies upon the beach, the *Te Deum* of victory, and the hymn of praise and thanksgiving, and your soul was filled with wonder and delight at the skill of the performer; well, thus you may seat yourself before that wonderful instrument, the human body, and laying your hands upon our three hundred proved remedies, as one by one you touch those wonderful keys, and wake those life-giving energies of nature, then shall arise a hymn of praise to Almighty God, more acceptable, and more captivating than the loftiest strain of hymned melody.

You are to be the ministers of nature: seek to offer no unworthy or profane sacrifice upon her altar, but consecrate the gift with your labor, your careful acquisition, your toil, and even your prayers, that it may be an acceptable sacrifice, without spot or blemish. You are to be permitted to worship at the holiest shrine of nature, to even draw aside the veil which covers our common humanity, and stand within the holy of holies. You are to witness what profane eyes should never gaze upon, and unhallowed hands never touch. See that your hands are unsoiled and your eyes pure. So shall you, as you go about to do good to the image of your Maker on earth, offer continually the sacrifice of acceptable service, and partake of the blessedness and spirit of Him who healed the sick, cast out the devil, and cleansed the leper. And in doing this you employ no angry, no violent, no destroying spirit. Not by Beelzebub do you cast out devils, but by ministrations as kind as the angel of mercy, gentle as the dews of heaven, and perfect as the footsteps of love.

In the course of your professional career, you will not only walk about among these holy mysteries, but you will come often as a friend within the sanctuary of the domestic hearth, be intrusted with the most profound secrets of the human heart, witness those holy gushings of soul in affliction, which the world should never see, and hear that to which the world should never listen. O let me conjure you to begin to cultivate, even now, those habits of thought, and those graces of character, which shall make you a becoming witness and depositary of mysteries so holy, secrets so sacred.

Thus may you perform well your part, and consolation as sweet and as abiding as ever was pressed to the lips of mortal shall be yours. The rich will reward you bountifully. The poor will offer you all they have to give, the offering of a grateful heart; and there shall abide within you the rich consolation of having faithfully and acceptably served your generation.

THE HIGH POTENCIES.

BY A. LIPPEE, M.D.

WHEN the profession was first told of the new preparations of drugs, made in a peculiar manner by Joëhnichen, and termed by him High Potencies, when Dr. Gross first published his cases of cures he had accomplished with these novel preparations, the profession was startled by the novelty of the thing.

It was then, that such Homœopathic physicians as had the courage to try these unheard of doses, in order to induce more of their colleagues to make the experiment and decide on that subject, published cases of cures. With others I published some cases as early as 1846. Since then we have come to no nearer settlement of this question than we were first. We have now a history of doses. There have been no new arguments brought forth against the high potencies for some time; it is a mere repetition of old arguments, or no arguments at all.

As it must be interesting to every Homœopathist to obtain a

short history and a correct knowledge of the point in question, I shall here give a short sketch.

There has been a diversity of opinion with regard to doses which began soon after Hahnemann promulgated Homœopathy : as the same causes that first created this diversity of opinion continue, that diversity must likewise continue.

Hahnemann began his experiments with crude drugs, giving them in much smaller doses, as was then customary in the old school ; giving but one remedy at a time. This was then a great step. Very soon Hahnemann gave smaller doses triturated, and potentised his medicines.* Later he gave pellets, in order to divide even a drop of a potency ; still later, he gave the 30th potency. In the same ratio as he obtained a mastership over medicines through continued provings on the healthy, he found himself compelled to lessen the size of the doses. Not all his disciples followed him up. They accepted his practice as far as it suited their convenience ; but they did not acquire as much knowledge of the effects of drugs as the master did, and therefore could not find it necessary, nor were they capable to do like he did. Should the last edition of the *Organon*—still in manuscript and in the hands of Madame Hahnemann—be ever published, I am quite certain we would learn that Hahnemann gave in the last years of his practice and of his life, much smaller doses than the 30th.

When Joëhnichen sent his first high potencies to such physicians as were known to possess the necessary acquirements to make trials with these small doses—trials to confirm the results of the experiments made by Joëhnichen himself—it was the old, true disciples of Hahnemann to whom he addressed himself, and who made these experiments. Dr. Gross was the first physician who published a series of cases, and it was this, his publication that induced others to try these new preparations. All those that found fault with Dr. Gross's cases, did so from prejudice ; they never

* In 1821, he first made provings with charcoal, knowing it to have cured ulcers on the feet ; and denying that this was the chemical effect of Carbon, he wished to know what effect it had on the human organism. The provers not obtaining any satisfactory symptoms, wrote to Hahnemann, who then for the first time made a trituration of Carbon 1 to 99 up to the 3d, and then advised the provers to repeat their experiments, as now by this process the medicinal powers of this otherwise inert substance were *developed*. From this trituration we obtained the charcoal symptoms.

tried these preparations, or if they did, they were not capable of experimenting. They treated them in the same manner as a celebrated professor treated all the Homœopathic cures ever published up to 1845; who wrote six folio volumes, finding for each reported cure some witty excuse—negating in this manner Homœopathy. These folio volumes, too bulky for publication, lay still in St. Petersburg—a curiosity. As little as these folio volumes, written by a man of great talent, could stay the progress of Homœopathy in Russia or elsewhere, so little could the less talented fault-finders with Gross's cases stay the progress in our own school. Dr. Staph confirmed the statements of Dr. Gross, and then the opponents began to make themselves known. Rummel first made the attempt to destroy the credit Jœhnichen's preparations had gained. He ordered a druggist to make the high potencies—he administered them; he did not deny that they had effect, but denied that they were any better than the ordinary preparations. This argument, with a slight variation for the worse, is again used by my friend Dr. C—, in a paper read before this Society at our last meeting. And here a few words as to such argumentations.

The propositions of these kinds of opponents are:

1. We want to know whether Jœhnichen's preparations are really high potencies.
2. We do not know how Jœhnichen makes his high potencies.
3. We make them ourselves.
4. The high potencies we made ourselves, had no effect over 50 or 60.
5. Jœhnichen's high potencies are said to have a very superior power, so testified by many respectable physicians.

Therefore, as the high potencies we made ourselves according to our own notion had no effect, Jœhnichen's are a humbug or imposition, and not what he represented them to be. They are only low potencies.

We do not know how Jœhnichen's potencies were made; how then can we try to imitate them, and not even make use of the little knowledge we have of his *modus operandi*? He used a much larger vehicle than was ever done before; and may not this be *the* secret? As the imitation had no similarity with the original preparations, how could any man in possession of his reasoning powers expect to obtain the same results?

If we even did know how Jœhnichen made his high potencies, is there any one among us who would make them?

Jœhnichen spent six years of his life, sacrificed all his comforts and his means, to enrich the science with what might have turned out to be but an experiment. Have we any such enthusiast among us? any one who would first sacrifice his all, and run the risk of then being called a fool and an impostor? If Jœhnichen made a mistake in his numbers, which is very doubtful, he could have never done it intentionally; he may have done it as a bad arithmetician. It was the ill usage he received at the hands of his opponents, opponents without cause, this worst of all insults, "ingratitude," that determined him not to gratify them by publishing his mode of preparing medicines; and so long as they live, we shall not know any more than we do now.

We can neither by any positive proof determine whether or no Jœhnichen's so called high potencies are what he represents them to be, but by taking all things into consideration, we may obtain a negative certainty that they are.

Jœhnichen was a gentleman of very accurate observation; he possessed a thorough knowledge of Homœopathy and Materia Medica, all of which is evident from his published cases. He was engaged ten hours a day, for more than six years, to accomplish his preparations.

Jœhnichen was a true friend of Homœopathy, and his former reputation having been good at all times, we have no reason to disbelieve him. That Jœhnichen's preparations are *different* from any other preparations formerly used, I conclude from the fact, 1st, That after the administration of those preparations, we perceive new symptoms, and that these new symptoms are always characteristic of the remedy. 2d, That their effect is more intense, and lasts longer. 3d, That these effects are not so easily disturbed by other influences.

That Jœhnichen's preparations are better than any others ever made before, I conclude from the facts. 1st. That they cure where others did not. 2d. That all such Homœopathic physicians as made an impartial trial with the *genuine* Jœhnichen's High Potencies, have gradually adopted them altogether in their practice, and *exclusively*, as Nunez, in Madrid, Boëninghausen, in Münster, and others, all of them being the most successful practitioners, the

acknowledged masters of our *Materia Medica*, and not, as was erroneously stated in a late publication, lost their practice or returned into the ranks. This assertion is "a mistake." "Homœopathy is going down," has been the cry of the enraged "*old school*." "The smaller,—the smallest doses are going down," is the cry in the rear, scarce to be heard by the sturdy advance guard; the sound becomes dimmer, and will soon cease.

The only positive proof against Jœhnichen's High Potencies, and the only one admissible as evidence, in contradiction to facts stated, is, that all those that doubt the evidence given in favor of Jœhnichen's potencies, will make the experiment. Let every one who is capable, administer, in a given case, one dose of Jœhnichen's highest potencies, of the true Homœopathic remedy, and if, after waiting a reasonable time, and no improvement following, the lower potency produces even a considerable amelioration, or a cure, let such cases be published. That is exactly what we wish Allopathic physicians to do with Homœopathy; we expect to have reports, not like Professor Andral's of the French Academy, who was not capable to experiment, but well-reported cases, with the remedy well selected, and the result must be an acknowledgment of Jœhnichen's merits.

CURE OF MARSHAL ST. ARNAUD, MINISTER OF WAR UNDER LOUIS NAPOLEON.

A REMARKABLE cure has lately been effected on Marshal St. Arnaud, the present Minister of War under Louis Napoleon, which has caused no little sensation among the various circles of Paris. We extract the following in relation to it, from the *Journal de la Société Galliciane*, Vol. 4, No. 1:

Every one knows that the Marshal left Paris in a state of health which inspired the greatest fears among his friends and even his physicians, who had been in attendance on him. His departure for the south of France was decided on by his medical advisers. Arrived at Marseilles, the Marshal put himself under the care of Dr. Chargé, and his health became restored in so short a

space of time, and in such a permanent manner, that, for the last three months, he has been able to attend to his duties in the office intrusted to him. The Marshal has acknowledged these facts, and has permitted the newspapers to publish the two letters which he wrote in reference to this cure, to our colleague and friend, Count Henry de Bonneval, and to Mr. M. J. Saint Rieul Dupong, editor of the People's Journal, published at Bordeaux.

Mr. De Bonneval says, in a note preceding the publication of the letter written to him, as follows:—Everybody knows that Marshal St. Arnaud, Minister of War, had left Paris, some time since, laboring under a disease pronounced *incurable* by his medical advisers of that city. Arrived at Marseilles, the disease increased in great intensity—the last days of the Marshal were on the lips of every one. The aid of Homœopathy was resorted to, and the new doctrine has the happiness to add one cure more to its long list. We wrote to the Marshal, asking him to confirm the fact, and we acknowledge to have profited by the opportunity to invoke his powerful aid in favor of Homœopathy.

We have received from him the following autographic answer:—

Paris, May 5, 1853.

MY DEAR COUNT,

You do me the honor to inquire whether it is true, that, being lately afflicted with severe disease, I owe my cure to Homœopathy; in answering this question, I am happy to pay a debt of acknowledgment and to render homage to the truth.

During fifteen years, the fatigues of war and the influence of an African climate, had produced a disease which became highly aggravated when entering upon an active business life. In going to Hyeres, I consulted Dr. Chargé of Marseilles, a Homœopathic physician, whose acquaintance and friendship have for a long time inspired me with equal confidence. I was persuaded, it is true, that my affliction was without remedy; but, fortunately, I found in Dr. Chargé a something which strengthened my heart and reanimated my being. The attention which he bestowed on me, rapidly dispersed my ailments, and restored my health, which becomes more and more stable every day.

You express to me, my dear Count, the wish to see an institution in which Homœopathy may be taught and dispensed officially. It

does not belong to me to say anything in this place, concerning this grave and delicate question, but I have the strong hope that the truth, that urgent wish in all sincere minds, will no longer remain hidden. My strong and open testimony will not be wanting in relation to Homœopathy; I owe it too much ever to falter in my endeavors to extend its knowledge and make popular its benefits.

Receive, my dear Count, the assurance of my very distinguished consideration.

MARSHAL DE ST. ARNAUD.

Next we have the letter addressed to M. J. Saint Rieul Dupong, as follows:—

Paris, May 18, 1853.

SIR,—It is quite true that I owe to *Homœopathy* the complete return of health, after having my life very seriously compromised by a disease, the first symptoms of which date as far back as fifteen years.

This cure is assuredly one of the most marked and most incontestable facts, which the doctrine of Homœopathy can call to mind. Gratitude and justice call on me to proclaim it.

Already, my dear sir, one of your honorable compatriots, Count de Bonneval, has asked me, the same as you have, if it is true that I was cured by the doctrine to which he a long time ago gave his sincere adhesion. He expressed to me at the same time, the desire to see, officially announced, a liberal Homœopathic institution, which is at present prohibited. It is a point on which my wishes are as strong as his, but as simple minister, I cannot take the initiative.

This is, dear sir, no reason why my convictions should remain sterile and inactive. The Emperor, in requesting this eminent physician and esteemed friend, Dr. Chargé, who saved my life at Marseilles, to come to Paris, has sufficiently proved by that, that if *Homœopathy* appears to him to be serviceable to the public health, he will never permit any narrow-minded rivalries to paralyze its development.

Receive, my dear sir, the assurance of my distinguished consideration.

MARSHAL DE ST. ARNAUD.

Three facts result from these two letters.

1. The Marshal acknowledges to have been cured by Homœopathy; a cure which Allopathy could not accomplish, for had she had the most remote hope, she would have kept him at Paris instead of sending him to the South to die.

2. The Marshal wishes that Homœopathy be officially announced as a part of public instruction, which has heretofore been prohibited.

3. He announces that the Emperor, in calling Dr. Chargé to Paris, will no longer permit any narrow-minded rivalries to paralyse the development of a doctrine, which may be a source of great public good.

Dr. Chargé came to Paris and was received by the Emperor. It is impossible to tell at present what will be the result. The distance which separates the commencement of any enterprise from its fulfilment is always very great. Between the good will of those who are able to accomplish the good, and their endeavors so to do, there are a great many obstacles to be overcome. In this question there are very many and very firm resistances, of interest especially, to be brushed away. Time and further success will be able to bring it about. Yet the cure of Marshal St. Arnaud, and the invitation to our colleague, Dr. Chargé, have thrown the alarm into the Allopathic camp. Already preparations are making for a more obstinate rencontre than has ever yet taken place. We shall wait the result.

The above is a simple narrative, and requires but little comment. It will, doubtless, be followed by important results to the French school, which has heretofore been denied any public Homœopathic instruction, officially recognised by the government. It will tell all over the world—and yet it is but one among multitudes of such cures happening in ordinary life, which are never heard of outside of a very small circle. Philadelphia is, at present, and always has been, the healthiest city in the United States, notwithstanding the effects of mal-practice under Allopathy, to which she is doomed to suffer for some time yet. But the time must come when Homœopathy will be in the ascendancy, when our public institutions will be under its charge. When that time comes, our mortality will be still further reduced, and if other cities do not also keep pace in such improvement, we shall be in a much higher ratio than at present. The people must, ere long, see the benefit of such change,

as cure multiplies on cure, and as *our* dependence is not on the will of a despot, but on the free will of the people, may we not hope that we shall soon be in a much better position than at present. As soon as I receive the particulars of this cure of the Marshal, I will send them to you, so that we may be made acquainted with the minutiae of it, and be better able to judge respecting it.

Yours truly, JAMES KITCHEN, M.D.

BLACK SULPHURET OF MERCURY IN TYPHUS FEVER.

BY DR. PETROZ.

Translated from the Journal de la Societe Gallicane, Vol. 3, No. 12.

IN 1848 I made known to the Society of Homœopathic Medicine, a memoir, presented by Dr. Serres, to the Academy of Science, on the use of the *Black Sulphuret of Mercury*, in the entero-mesenteric or typhoid fever. Another memoir on the same subject, has just been read before the same Society; it confirms all the points in the first one, in relation to the successful employment of this article.

In the account which I gave of the paper of Dr. Serres, I said that he considered the *Ethiop's mineral*, to act as a purgative, and that, on this account, he thought it ought to be given in combination with other purgatives, in order, doubtless, to render its purgative quality more powerful. With it I communicated two cases of typhus, in which the *Black Sulphuret of Mercury* was employed successfully in the 12th dilution. Since that time, I have occasionally made use of it, and I am now able to mention, with more precision, its sphere of utility.

The preparation of *Ethiop's mineral* is invariable. On this account it may be placed alongside of other medicines we make use of.

In typhus, more, perhaps, than in any other disease, we have proofs that it is not sufficient that our medicines be well chosen, but the time when they should be exclusively tested, is of equal

importance. I shall endeavor to give you examples in relation to the employment of the *Ethiop*.

A young lady, of a nervous constitution, lymphatic, tall, medium embonpoint, whose menstruation was irregular, generally too slow, complained very often of pain in the bowels, followed by diarrhœa, undertook to accompany her husband on a travel of some months, on a tour of inspection. She necessarily lived very differently from what she did at home at her ease; she came to Paris, feeling a general fatigue and loss of appetite; her sleep was agitated and disturbed.

On the 28th of November, towards the close of the day, she had a chilly feeling, alternating with flushes of heat.

The 29th, frontal headache, congested eyes; the skin, especially that of the face, was of a rose color, produced by an eruption of small pimples, almost imperceptible; tongue white, without coat; thirst, general heat, small pulse and frequent, 100 pulsations; *Aconite* every two hours was prescribed.

30th. Same symptoms, except the coloration of the skin; the eyes are circled with blue, the patient cannot well bear the noise and light; skin dry and hot; pulse 110; scanty urine, bright colored; decubitus dorsal.

December 1. Headache less, great pallor, breathing obscure, mouth dry; the patient complaining of moving her tongue with difficulty, which adheres to the roof of the mouth; tongue dry, the middle rather red. Frequent desire to urinate, but very little at a time; general weakness, disinclined to motion; distressing dreams; pulse small, 100; *Rhus tox.* every two hours.

Dec. 2d. Same symptoms,—the lips are horny, tongue dry, skin parched, borborygmi in the abdomen, but no tenderness. The need of urinating is less, very scanty, and of a deep red color; pulse 120; no sleep.

Dec. 3d. Much the same,—face drawn, slight tympanitis, some pain, on pressure at the epigastrium and cœcal valve.

Dec. 4th. Very restless night; at noon bilious diarrhœa, following colic, with fainting; teeth encrusted; tongue motionless, black, and very dry; pulse very weak, 130; *Black Sulphuret of Mercury* 12th dilution, one drop in 100 grammes of water, a teaspoonful every half hour. During the day there were three liquid evacuations. At eve the tenderness of the belly is much less.

Dec. 5th. The patient says she has slept, which she would not allow until now; tongue is less dry, speech is easier, but little thirst, skin not so dry, pulse 100, more developed; go on with Ethiop. The following day presented nothing remarkable; the symptoms diminished; the patient entered into the third stage of the disease, during which the nervous system of relation entered into its natural activity, whilst that of nutrition reposes itself from the fatigues of a hard struggle, during which emaciation had made rapid strides.

During this period, the patients have neither thirst nor appetite; sleep is not very necessary to them. It (the period) is more or less long; we know that it is ended when the patient feels that his digestive organs have aroused.

I have said that the proper time in the use of medicines is of great importance in the treatment of disease; we should never forget that we do not act by subversive means; our law imposes on us the duty of studying the march of diseases, to comprehend when and how we ought to combat their ravages. Thus, in typhus, the employment of the *Black Sulphuret of Mercury* would be wholly out of place in the first stage. In giving it *then*, we should deprive ourselves of resources which we should make use of to prevent the complications, or moderate the impetuous march of the disease. Typhus, and eruptive diseases have a regular march, periods which differ from each other, and, of course present successive indications.

A child eight years old, of a frail constitution, born of a mother suffering under a scaly tetter, and whose mother and grandfather died of consumption, felt, for some time past, a great heaviness of the head, a general lassitude and sadness, with loss of appetite.

Feb. 9th. He was taken with a chill, with heat of skin, oppressive pain of forehead, with nausea; pulse very frequent and full; *Aconite* was prescribed, pure, or sugar-water for drink.

10th. General internal heat, slight epistaxis at morning; in the middle of the day, face flushed, pulse more frequent, 120 pulsations; towards evening, agitation, pallor, sleeplessness.

11th. Morning, pale, tongue red on the edges, the middle slightly yellow, great thirst, epigastrium painful to the touch; noon, febrile agitation, red face, general internal heat, lasting four hours, pulse as yesterday.

12th. Tongue dry, yellow covering cracked, rendering its motion more difficult; lips pale, contracted, and dry; eyes dull; same feverish exacerbations as on previous days, during which the epigastric sensibility is much increased; urine scanty, and high-colored.

13th. Much the same as yesterday.

14th. Much paler than on previous days; skin dry, rough; tongue, which can only partially be seen, is horny, covered with a dry crust, brown; lips scale off; difficulty of swallowing; belly tympanitic, the slightest pressure causing pain, especially in the cœcal and epigastric region; borborygmi; increase of fever; involuntary emission of urine; consistent alvine evacuation; pulse small, 140 per minute; eyes glassy; slight coughs; mind clear; *Bryonia*, given after *Aconite*, is continued. During the night of the 14th and 15th, two soft stools; all the symptoms remain the same.

15th. Several liquid stools of a very deep yellow; meteorism increased; pulse as small and frequent; *Black Sulphuret of Mercury* 12 every two hours.

16th. Three liquid stools; tongue more moist; meteorism less, as also the epigastric tenderness; the mid-day febrile exacerbation has ceased; pulse fuller, and only 100 pulsations; sleep of two hours.

17th. Tongue moist, skin not so dry, meteorism entirely disappeared; the epigastrium, and cardiac region are no longer sensitive to pressure; during the day, one soft stool; pulse 100.

18th. After a calm night, with some sleep, the tongue having become larger and moister, can be thrust out of the mouth; in feeling the abdomen, a kind of swelling very sensitive to pressure, can be found in the hypogastric region. The patient, on account of the urine escaping involuntarily, by an excess of modesty, had retained it above twenty-four hours; the bladder was distended beyond measure; he was delivered of this trouble, and *Nux* was given to strengthen the contractility of the bladder, which put an end to the accidents which this complication might have given rise to. From this time, the patient entered into that stage of the disease in which the organs commence a sort of sleep, which does not yet constitute convalescence, during which the thirst ceases, the appetite is naught, and the pulse is without frequency. The ending of

this state, which lasts longer or shorter, is announced by the desire for food.

This child, naturally delicate and thin, had arrived at a period of excessive emaciation; the digestive functions recovered, with rapidity, their accustomed exercise, after combatting the general weakness with *China* 30, and on the 21st day he had partly recovered his natural strength.

INCIDENTAL PROVINGS.

BY C. E. TOOTHAKER, M.D.

OF the value of incidental provings of Homœopathic remedies, much has been, but much more might well be written. Since Homœopathy has its foundation in experimental, rather than theoretical philosophy, it is upon observed phenomena alone that we can depend for illustrations of its truthfulness, and the physician who carefully observes and records such facts in regard to the action of medicines, as may come within his sphere of observation, is doing a service to the cause of Homœopathy, which no purely speculative theorist can ever equal. It is, indeed, greatly to be regretted that we have no more records of the numerous incidents of this nature which have occurred, and which are continually occurring in the practice of every respectable physician. Such records would form a volume of the highest value, illustrative and confirmatory of much that is now perhaps but imperfectly known, or the knowledge of which is confined within the narrow circle of individual experience, but which ought long since to have been thrown out broadcast upon the earth, where its enduring imprints would have left memorials for the instruction of successive generations.

The American Institute of Homœopathy, at a very early period after its formation, established a bureau for the improvement of the *Materia Medica*, one of the objects of which was to collect and embody information upon the very subjects to which I would now invite the attention of the profession. The following, from the proceedings of the American Institute for 1844, with reference to

a circular issued by that bureau, shows the high estimate the Homœopathists of that day placed upon these incidental provings, as well as upon various other circumstances calculated to elucidate or confirm the regular provings, or to unfold to the practitioner the true and legitimate uses of remedies :—

“A circular was addressed to all the Homœopathic physicians of this country, known to that body at that time, by the Central Bureau, soliciting information on these subjects, viz. :—

“1st. The effects which you have observed from remedies not mentioned in Jahr’s Manual, whether in health or disease, stating the precise localities of the symptoms, the times of the day at which they occurred, with all the attending circumstances.

“2d. New symptoms, either pathogenetic or curative, which you may have observed from the remedies in Jahr’s Manual, which are clearly ascribable to those remedies, with the particulars of each case.

“3d. The symptoms which you have seen confirmed most frequently in your practice, also any remarkable coincidences in Allopathic or popular practice, and especially cases of poisoning, which may have come under your observation.”

And here I would urge upon every practitioner of medicine a duty, which I think must be acknowledged to be incumbent upon all. Hide not your light under a bushel. Make a record of every fact which appears to you of interest in your professional experience, and having recorded it for your own benefit, publish it for the benefit of others. You will thus contribute to the establishment of Homœopathic literature upon a basis truly scientific, you will aid in the cultivation of a purer taste in the profession, and in banishing from our journals and other publications, much of that fulsome adulatory style of self-congratulation, with which, too often, our publications abound; and you will be rendering the highest possible service to humanity, inasmuch as you are enlarging and improving, rendering broader, firmer, and consequently safer, the only true path to the improvement of the healing art.

From considerations of this kind I have been induced to present for publication the following record of symptoms, resulting, apparently from what I think might be regarded a poisonous dose of Camphor, taken, as I was informed, by mistake for Cholera Mixture. Mr. K——, a very respectable and industrious man, re-

siding in the city of Philadelphia, of temperate habits and generally healthy, took for pain in the stomach, a large quantity of Camphor in Alcohol, or Camphorated Alcohol (saturated solution); suppose half a wineglassful to a wineglassful at a single dose. He gives me the following account of his symptoms, nearly all of which (indeed, all that are important) are confirmed by a subsequent narrative which was given me by his wife:—

Passing over the first sensations, immediately after swallowing it, as of little or no moment, he had lain in bed a short time, perhaps half an hour, when he uttered a strange scream, a sort of howl, leapt from his bed, apparently in great agony, and bent on something desperate. His wife, alarmed at his movements, followed and caught him, and assistance being near, he was at length quieted and an emetic administered by a neighboring physician, who was immediately called in. Next day was better, and went to his accustomed employment, but symptoms returned again at night with considerable severity.

He describes his sensations as follows:—Felt as if he could fly, or rather, as if he must be and was being drawn up into the air in spite of himself; indescribable dread of being drawn upwards; drawing sensations all around the head, as if the nerves of the head were all drawn up; drawings for some minutes, then remission, then drawing again; nervous drawing with something like a shivering; indescribable wretchedness; excessively fearful, especially in the dark; dread to be alone in the dark; afraid of the mirrors in his room, as he described it, lest he should see himself in them. So excessive was this fear at times in the night, that he would have got up and broken the mirrors, only that he was still more afraid to get up alone in the dark. Was never afraid of anything before, either by night or day; awful wretched feelings; distressed sleep, with frightful dreams, visions, spectres, &c.; very restless at night; jumps and tosses about; starts in his sleep; often easily startled when awake, and then feels throbbings or palpitations; disposition to cry frequently; he knew not what for, but would frequently find himself crying when at work, or when walking about; often felt as if he ought to kill people, when in the street; never felt a disposition to kill any of his own family, but thought he ought to kill somebody.

The above symptoms continued most of the time for one or two

years, during which he had to be carefully watched by his family and neighbors. He was treated by several respectable Allopathic physicians, (*among whom was Dr. M. of Spruce Street, and Dr. A.*) He was salivated by Dr. M., but without benefit, and at last after nearly two years, was greatly benefited by a prescription from an herb-woman.

All the above symptoms were greatly aggravated at night, and as it began to grow dark. Would often be comfortably able to work through the day, and when night came on would be almost raving, wretched, and disconsolate.

Also aggravated by taking cold. Even now, after five years, feels them more or less if he takes a cold, and at night. Never goes into the cellar alone in the night, but will go with his little daughter, a child of only eight or nine years of age.

Still troubled at times in his sleep, starts easily and frequently, and is fearful, and at times nervous and depressed, as he had never been till he took the camphor. Would scarcely dare, when at the best, to stay alone in his own house over night.

On comparing these symptoms with the Hahnemannian provings, we perceive the following coincidences:

HAHNEMANN.

SYMPTOMS BY K.

Cramps and convulsions of various kinds.

Constricting headache, spasms which draw the head to one side.

Shivering and chattering of the teeth.

Anxiety, great anguish.

Disposition to weep.

Hides himself, howls and screams.

Rage, delirium.

Nocturnal sleeplessness. Nervous excitement. Tossing during sleep. Sees

Drawings of all the nerves.

Drawing all around the head. Drawing of the nerves of the head. Drawings, then remissions, then drawings again.

Nervous drawings with something like a shivering.

Indescribable wretchedness. Awful wretched feelings.

He knows not what for, but would frequently find himself crying when at work, or when walking about. Disposition to cry frequently.

Jumped out of bed with something like a howl.

He jumped from the bed apparently with some desperate purpose.

Distressed sleep, frightful dreams, visions, spectres, &c., when going to

objects when closing his eyes, or when going to sleep.

The majority of the symptoms appear during motion or at night.

Aggravated by cold air.

Tearing in different parts of the body, felt most when dropping to sleep.

sleep, or when he first goes to sleep. Restless tossing about during sleep. Starts in his sleep.

All the above symptoms worse at night. Often comfortably able to work through the day, and when night came on, wretched, raving, &c,

Aggravated by taking cold.

Sensations of uneasiness and startings, worse on going to sleep, or when dropping to sleep.

The symptoms not alluded to or recorded in the Hahnemannian provings, are,

Sensation of going upward, or as if being forced upward. Dread of being drawn upward, or elevated into the air.

Fearfulness; dread of being alone; dread of the dark; afraid to see himself in a mirror, with disposition to break the mirror; disposition to kill some one.

The physical symptoms most manifest were, drawings or contractions, especially of the head; starts or twitchings, especially on going to sleep; shiverings; tossing about; throbbings.

The mental or moral symptoms were, wretchedness; disposition to weep; dread of being drawn upward; fearfulness; especially at night, or in the dark; fear to be alone.

The symptoms most persistent or of longest duration were, fearfulness or hesitancy; fear of being alone; nervous excitability and depression; startings and jerkings; fear of the dark, or in the dark; aggravations at night, and from the effects of a cold.

I have thus endeavored, I know how very imperfectly, to make some valuable use of the above incident. Thousands of such incidents are existent, and accruing daily in practice, which need only to be recorded and analyzed, to be rendered available to the profession. I am ready to pledge myself to furnish at least one case of equal interest every year. How many other of the readers of the Journal will do likewise? In reviewing the above case, I think no one can fail of being impressed with the following reflections:

First, the remarkable coincidence existing between the symptoms experienced by K., and those recorded by Hahnemann, and the numerous instances in which an unlettered man, who had never seen any work on the provings, and who, indeed, knows nothing of

the subject, has chosen the same language to express his sufferings, as was chosen by Hahnemann to record the symptoms of the remedy he had incautiously taken.

Second. Many other symptoms corresponding with the Hahnemannian provings no doubt may have existed in this case and been forgotten after five years, which were perhaps perfectly observable at the time.

Third. The effect of emetics and other remedial agents resorted to by the physician, may have modified the physical, such as the gastric, the vascular, and muscular symptoms, much more than they have modified the moral, mental, and nervous symptoms.

And, Fourth, the effects of medicines taken in large or poisonous doses, can move correspondent in all respects with the effects of the same remedies taken in smaller and often-repeated doses by regular provings.

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

INTRODUCTORY LECTURE,

BY WILLIAM A. GARDINER, M.D., PROFESSOR OF ANATOMY.

(Published by request of the class.)

GENTLEMEN:—

Another year has passed since we met to participate in the opening ceremonies of our annual course of lectures. It affords me pleasure to recognise in the present assemblage, friends whose faces are rendered familiar by previous agreeable associations. We come together again to renew these associations, and with zealous feelings to take another step onward in scientific inquiry. Many of you, gentlemen, are taking the initiative, and meet us here for the first time, you have severed for a season the ties which have bound you to your kindred, the scenes rendered familiar to you by youthful associations, and the joys and comforts which have existed by your own firesides; you have laid them all aside for a season, and wended your way to this our city, the acknowledged

Acropolis of Medical Science in the United States, to unite with us, and to fit yourselves for a life of usefulness and honor.

Here, shut out from the busy world, we are to counsel together, to render mutual assistance, and as a band of devoted disciples, to go forward in the prosecution of our labors. We, the Professors of this College, are to be your leaders; we say to you, follow, and we will show you a goodly land, abounding with richest treasures.

As I meet you, and extend a salutation of welcome, my mind is imperceptibly led back for a number of years, and in my remembrance made to call up, in all the freshness and vigor of reality, the many pleasing and interesting scenes of the past.

Follow me back, or go back with me to the starting-point in the history of this Institution; and here let me remark, I claim the honor of being one of the number who first proclaimed, under the authority of the chartered rights of this Institution, the claims of Homœopathy.

In the autumn of 1848 the first course of lectures in the Homœopathic Medical College of Pennsylvania was announced; at that time the circumstance of a Homœopathic College, advertising a course of instruction, with a full corps of Professors, was viewed as an act of singular boldness by the whole Allopathic profession: the speedy downfall of the Institution was predicted; it was viewed as a sickly plant, springing up in barren soil, one that might possibly, by careful culture, grow for a single season, but destined to die without casting any seed. Even the Homœopathic profession doubted the propriety of venturing upon such an enterprise, and looked upon its success as rather problematical; but in spite of violent opposition and scorn on the one hand, and doubts and misgivings on the other, the corner-stone of the Institution was planted, not laid on siliceous soil, amid the quicksands of Allopathic theories or eclectic mysticism, but on a firmer and more enduring basis, the rock of *Truth*. The floods of adverse opinions which daily arise have had no effect to check its progress; its internal structure stands a monument to him, through whose self-sacrificing efforts the true law of cure was discovered and elucidated. This College has ever firmly adhered to those great principles taught by the illustrious Hahnemann. It has presented an unbroken front; it has not made, nor it will not make a compromise with Allopathy, Hydropathy, nor Eclecticism.

From a small beginning, it has steadily increased, and each year has given it additional strength and vigor; its course has been onward, and prosperous beyond the most sanguine expectations of its friends. The opposition, once emitted in boisterous and commanding tones, has quieted down into an almost inaudible murmur. The Institution is now securely established, all its workings and teachings are in obedience to the law, "*similia similibus curantur.*" The Homœopathic system of practice is no longer a matter of experiment: it is fast becoming established throughout the civilized world, and is superseding the medical barbarism, which had been handed down as a legacy from the feudal ages.

Each succeeding session of this Institution has exhibited a marked increase in the number of matriculants and attending students: intelligent gentlemen, centre here from all parts of the country, to pursue their studies, and receive instruction; and if this success has crowned our efforts, thus far, in spite of opposing forces, what may be anticipated years hence, when the Homœopathic law of cure shall be generally received? If you should be so fortunate, gentlemen, as to witness the period of ultimate triumph, it will be a pleasing reflection to know, that your names are registered as early attendants at the first regularly established Homœopathic College in the world. The graduates of this College who are now spread over this country, and in Europe, are honorable representatives of their Alma Mater. They have succeeded in securing patronage wherever they have located, and their well-directed efforts to give relief to the suffering and dying, have been crowned with signal success. In each of their several localities they are a living testimony, daily bearing witness to the character of the institution that gave them birth. One gentleman has returned to us again: he has been called from the field of usefulness and labor, to which he was devoted, to perform a different office in the workings of the machinery of his Alma Mater. We are proud to say we greet him now as a colleague; former relations have passed away, and a new and more responsible relation is formed; your sanction and approval of his course of instruction will be the richest reward, both to him and us.

As a companion and co-laborer, we introduce to you also, at the opening of the session, our friend, the Professor of Surgery. He comes in all the freshness and vigor of manhood, with an enlightened

mind, tempered by a long professional experience. It will be his province to unfold to you the uses of his art, and lead you onward to a perfect familiarity with its details. Permit me, in the name of the Faculty, to welcome these gentlemen to their new relationship, and to present them to you with the testimony of our united esteem and hope.

As we are about to embark on a journey of discovery, and as your minds are eager to grasp what lies before you, it may not be amiss for me to offer you some brief remarks on the nature of your chosen profession, its aims, and its requirements.

The claims of the medical profession are universally acknowledged. Nor is this acknowledgment peculiar to the present age. Throughout all ages, and amid all nations, from the most remote periods, has its usefulness been admitted. In its primitive state, it was governed by the simplest rules of empiricism, and ushered into being by the whisperings of instinct, and the voice of experience. Military leaders, and humble shepherds, served as administrators. Remedial agents were adopted at hazard, and applied without method. The minerals in the mountain's base, and the herbs which had spontaneously burst forth from the soil, were pointed out by divination, and yielded up their healing virtues according to some law of mystical inspiration. Homeric song assigns an elevated position to practitioners of medicine, as far back as the siege of Troy. Many appliances, made use of by the Allopathic profession of the present day, were adopted at that time, amongst which, may be mentioned phlebotomy, emetics, and cathartics; at the present time expressed by such learned phrases as the following:—"Reducing the tonicity of the system, and evacuating the *prima viæ*." At a more advanced period, medicine bore the semblance of an art, but was stripped of that earnest desire to do good, which characterized its earlier history. From its connexion with the priesthood, imaginary deities were called to preside over its administrations; it was mingled with mythology; all consultations were held in the name of the divinity; incense and sacrifices were offered to the gods for their special intervention; and the unimpeachable purposes which actuated the early founders of the art, were perverted, and made subservient to base ends. The destruction of the Alexandrian library, which contained 800,000 volumes, involves the early history of medicine in much obscurity. There is no doubt that

the sacerdotal order acquired, by a long experience, much skill in the administration of medicines. Temples were erected, and appropriated expressly to the sick; they were, however, governed by secret statutes, and accessible only to the priesthood. It is known that symptoms were recorded on the wall, in hieroglyphical characters, and an attempt made at methodic arrangement.

But the veil of mystery was afterwards drawn aside, its association with idolatry was destroyed, and the original intentions of the early founders of the medical art, boldly and plainly asserted. From an art, it made a transition, and assumed a scientific character. It marshalled a host of able disciples; its secret chambers were unlocked, and its complicated phenomena explained; the area of its usefulness was extended, and all mankind acknowledged it "An Art almost Divine." Although its practitioners have been shepherds in one age, priests in another age, philosophers in another, and barbers in yet another, they have, notwithstanding, exerted an influence on the minds of men, equal to the monarch, at whose bidding thousands render homage. To the physician, this homage has ever been a spontaneous outburst of feeling, and of admiration, in return for benefits received. To the monarch, it usually was obedience only to the mandates of tyranny.

The extent of the usefulness of the medical profession is beyond computation; it ranks high in the catalogue of humanizing arts; the whole race of man are the recipients of its ministrations; civilized and barbarous, refined and savage, the ennobled king, and the industrious peasant, all partake, to a greater or less extent, of its healing influences; from the perfumed couch of affluence to the uninviting pillow of poverty, it alike extends its aid; it is a profession, "*ex necessitate*," for all grades and conditions of society. If we commence with its early beginning, and closely note its history, we shall discover its course has been varying, but gradually progressive; amid falling empires, crumbling thrones, and political revolutions, it has gradually advanced. When we enter into a comparison between the objects of the medical profession, and some of the more ordinary occupations of life, we must be impressed with the magnanimity of its purposes, its intrinsic worth, and universal usefulness. The warrior goes forth, equipped with the implements of destruction, to gather blood-stained garlands from fields of death and carnage, and by laying waste the habitations of the helpless,

by slaughtering his fellow-men, he seeks to erect a monument of fame, to which posterity may look with awe and admiration; but how much nobler is the calling that arrests disease, and saves those apparently appointed to death, than that which sweeps from life the strongest and boldest of our race.

The statesman toils for his distinction through more peaceful and useful channels; he often exerts an influence over the hearts and minds of men, that elevates him to distinction, and sometimes to wealth, but of how much graver import is the health and vigor of our race than all the benefits to be derived from studying the polity of nations, and the science of government? The merchant, the manufacturer, the tradesman, the artist, and the mechanic, all toil and strive for gain or for distinction, and however laudable their pursuits may be, however much they may administer to the intellectual and physical enjoyments of man, they bear no comparison to the noble objects of the science we are engaged to support. While the warrior delights in the trophies he has won on fields of battle and blood, and records with exultation the desolations of the sword—while the votaries of selfish ambition tell of their triumphs over the passions of mankind, and the golden harvests they have won, it is the province of the medical profession to note the diminution of human suffering, and to record their triumphs over sickness, sorrow, and death. Such trophies as these impart a charm to life, and invest our every day's reflection, with a satisfaction that springs from no sordid or polluted source. Instead of drawing the sword to strike down a supposed enemy, it affords a balm to heal the gaping wound; instead of planting a national ensign upon the dilapidated citadel of a fallen foe, it shelters the suffering from distress, and quiets the bosom already aching with sorrow or racked with pain. It deals with the happiness, the health, and the life of mankind;—what treasures are more highly prized? When Time, with his scythe already keen for a blow, and Death, the skeleton king, as its companion, enters the habitation of the monarch, the hero, the citizen, or the pauper, what power but the power of medicine is able to withstand their assaults? In the midst of pestilence, when the stoutest hearts shrink, when the seeds of death are sown in every bosom, the medical profession stands like the compass in the storm, unmoved and immovable, the surest guide for safety. What pursuit is more magnanimous than this? where are

purposes more pure, and where are results more glorious? I wish to impress upon your minds that the uses of the medical profession are not to be estimated in the ordinary grade of human undertakings—they range higher; it is not a mere business or trade, the value of which is to be computed by tangible remuneration: its results are connected with everything valuable; *it is the main spring* in human enjoyments. Preserve the organism in a normal state; extinguish the seeds of disease; “raze out the written troubles of the brain,” and man is in a condition to partake in the fullest extent, of the innumerable sources of happiness which a Divine benefactor has liberally provided.

This being the legitimate sphere of true medical science, it presents the strongest possible claims to your regard. Since the estimate you place upon the object of your pursuit, will govern your studies and exertions through life, if you place a high estimate upon it, you will make corresponding efforts to attain it, and make yourselves familiar with its workings. The whole field lies open before you, and as honest workmen we hope to enlist your talents and energies. What is required of you in your present position? You stand upon the threshold; before you is a work which will demand the fullest exercise of your talents; if you wish to enjoy the full benefits of your chosen profession, you must be familiar with its resources.

What is understood by a medical education, and what acquirements are necessary for a faithful performance of the duties of a physician? These are important interrogations, and as such, should be attentively considered.

The favorable influences of a proper preliminary training upon the mind of a student, needs no argument to elucidate its importance; the more liberal the literary and classical attainments (*ceteris paribus*), the more readily will a knowledge of medicine be acquired. A thorough education endows the mind of a student with a ready knowledge of nomenclature, and with a power to analyze words, which analysis, in many instances, expresses their signification. A well-disciplined mind is an accomplishment of itself; it also enables the possessor to judge correctly between cause and effect, and to draw just conclusions; it engenders a disposition to reason analytically and synthetically, to generalize and argue in-

ductively, and as a requisite for sound judgment and close observation, it is indispensable.

There are some rare instances of gentlemen having attained an enviable position in the ranks of the profession, whose early education was of the most meagre character. John Hunter, the eminent British surgeon, rejoiced in the reflection that he had not wasted his days in acquiring a knowledge of the dead languages. He rose, as by supernatural power, from the common rank of society, with nothing but an ordinary school education, to be England's first and leading surgeon. He was endowed with uncommon genius, and what he lacked in education, was compensated by natural abilities, and untiring industry. But do not measure your abilities with men of uncommon genius; if you are so fortunate as to possess a mind like the celebrated Hunter, it is well for you, but you will be enabled to accomplish greater good both for the profession and humanity, by starting from your alphabet and gradually progressing until your minds shall ripen into the full perfection of knowledge.

The Alexandrian School, which was, according to historians, the first Medical College established in the world, adopted a curriculum of study, and intrusted the several branches to the charge of different professors, conceiving it impossible for one mind, however gigantic, to properly instruct in all the departments of a medical education. At that time medicine made a transition from an art to a science, and took an equal stand with other learned professions. The destruction of the literature of the Alexandrian School, shuts out from posterity an exact knowledge of the branches lectured upon, but enough is known to render it a certainty that anatomical investigations were prosecuted with the greatest ardor. Herophilus and Erasistratus labored with the utmost diligence to find some basis upon which to erect the science of medicine, as previous to this it made little or no pretensions to anything of a scientific character; and to them belongs the honor of placing it on a sure and lasting foundation. In building up the framework of a medical education, we start with Anatomy. This may be estimated the alphabet of the science. How is it possible for a gentleman to become a practitioner of the healing art without having an adequate knowledge of the structural parts of the human body. Anatomical investigations, with me, have always been a favorite study. I can pleasantly while hours away in the undis-

turbed quietude of the charnel-house, and each time I renew my labors the subject presents itself in a new and more enticing aspect. Anatomy unfolds the complicated machinery of the human body, with the workings of which it is your intention to become familiar. How absurd would it appear for an individual to offer himself as an accomplished machinist, while ignorant of the construction of the apparatus he was required to erect or to repair, and it is equally as absurd for a physician to have the presumption to practise medicine without being familiar with the construction of the human organism. The sole object of your studies is to enable you to maintain the integrity of the various organs, and correct any deviations from a normal condition. All the other departments of study engraft themselves upon it as twigs upon a parent stem; it lies at the foundation of all the medical sciences, and can preserve its identity, isolated from them all. It is the exploring agent: it investigates, unfolds, and demonstrates; it is not subject to the mutations and revolutions which have marked the progress of its sister branches. New discoveries do not uproot previously established facts; the whole subject bears the impress of immutability; each muscular fibre, nervous cord, and vascular twig, bears the imprint of the hand of the Divine Architect; and in our future investigations let us ever remember it is the work of Omnipotence we are studying. As Homœopaths, it is absolutely requisite for you to have a perfect understanding of this branch; the application of remedies is based upon a minute detail of symptoms, and the closer we adhere to strict anatomical nomenclature in our pathogeneses of medicines, the more accurate and valuable will be our record. It is required of you to be acquainted with the healthy performance of the various functions of the economy, the intricate connexion between different systems and organs, and their offices in maintaining the laws of life. We arrive through Physiology at the secret springs which gush forth from the hidden recesses of the organism, and to ascertain whether the fountains of these springs are poisoned, we have merely to examine the secretions which flow from them; this study throughout, is one of the most enticing and beautiful, and as I have before observed, may justly be styled the poetry of medicine. By a perfect acquaintanceship with the laws of health, we note any deviation from a normal standard, and trace out the difference between the cause and effect of diseased action. These

three departments then, Anatomy, Physiology, and Pathology, are intimately connected, and form a trio which lie at the foundation of a medical education. All new researches, to be profitable, must ever keep in view their teachings, and be in accordance with their truthful development. There are other branches of study, an acquaintance with which is indispensable, Chemistry, Surgery, Obstetrics, *Materia Medica*, and the history and nature of diseases; each and all have a direct claim upon your attention, and will comprise the curriculum in this Institution; it might be extended but cannot be abridged. You must acquaint yourselves with these subjects, which are mere divisions of an extended whole. Your success in after-life will depend upon your knowledge and acquirements, for be assured, you will stand or fall by merit alone. Strive to equip yourselves fully for the duties of your profession. Mark out a free, unlimited, and determined course; investigate thoroughly, adopt cautiously, and omit nothing that will add in the least to your qualifications; do not loiter about the portals of the temple, but with a firm resolution go in and be numbered with its gallant defenders, or at least, with its industrious laborers.

There is a republic of medicine, as well as a republic of letters; the whole field is open and invites you onward to the accomplishment of noble ends. We live in an interesting and important age. The fixed departments of our study have been explored, and their details and minutiae made plain, but the therapeutical branch, or the *artium medendi* is still clouded in much uncertainty. The profession has been searching for centuries for a law of cure. We have found it; and when the medical profession shall universally admit the truth of the law, a union of effort will soon place therapeia on a basis as firm as the other departments of study.

The Hippocratic axiom, "*contraria contrariis curantur*," evolved before the advent of the Christian era, has failed to satisfy the demands of observing minds, and at the present day amounts to a nonentity in therapeutic administration. The written testimony of eminent members of the profession substantiates this assertion. Medical science, apart from a central law of cure, would be of little benefit to mankind. The necessity for some law, for the practical application of facts to the cure of disease, as elucidated by scientific investigation, must be, and is admitted. Suppose a physician to be familiar with the healthy organism and the laws which govern

it, and, also, with the various pathological lesions to which it is liable, and to be able to recall to mind the various medical substances found in the whole range of the *Materia Medica*, of what avail would such accomplishments and information be at the bedside, if he was ignorant of the sphere of action of medical substances, and the organic lesions and functional derangements over which they exerted a power. Experimenting with drugs and medicinal substances on the healthy, points out to a certainty, the particular sphere of action of any given remedy, and the organs over which it exerts a special control. *Experientia en homine sano* cannot be dispensed with. It is essential in erecting a basis for the art of therapeutics. It gives the action, the power, and the specific effects of all medicinal substances. Such experimentation opens to the mind a wide field of inquiry, and begets a precision in prescription unattainable by any other source. The Homœopathic *Materia Medica* is erected upon such a basis; it is a detail of *pathogeneses*. There is in it a precision of description, an accuracy of analysis, and a careful record of closely-observed phenomena, altogether unequalled by the authors of the Allopathic *Materia Medica*. The law of *simile* applies itself, and acts as a centre, as a director to the therapeutic department of medicine. That medicines will cure diseases, where there is a close similarity between the pathogenesis of the remedy, and the symptoms of the disease, is now fully proved. It is not contended that there is an identity existing between the symptoms produced from administering a medicine to the healthy organism, and the symptoms indicative of diseased action. By no means. It is the similarity, and not the identity, that the Homœopathic law elucidates.

Certainty in prescription is at all times an indispensable requisite for the successful treatment of disease. It inspires the administrator with confidence, and the recipient with hope. It begets a firm and confiding manner, and, by a calm and thoughtful review, all the resources of the art of medicine can be successfully applied. But this can only be accomplished where there is a law to direct, and means to use in obedience to its dictates. That the law of *simile* directs to such a precision, cannot be denied, and however much it may be at variance with the antiquated axiom of *contraria*, it is, nevertheless, founded in truth, and proved by observation. The annals of medical science, for centuries past, fully demonstrate the fact that the profession has been searching fruitlessly for a true law

of cure, and in the over-manifested anxiety to discover it, phantoms have been grasped; mere shadows have received a ready acceptance, in hope there was something beyond, and undeveloped, which might point out the desired object. Every new doctrine broached has had its adherents. Thus investigation in many instances has failed to contribute its wonted good results.

Hahnemann has rendered his name immortal, by giving to the profession what he believed a true law of cure. The first inklings of it were conveyed to his mind accidentally. He at once perceived its importance, proved its truthfulness, and applied it successfully to the cure of disease. These results were obtained by long years of toil and study. He wrought out these great truths, by a sure but slow process. We are now reaping the benefits of his protracted and arduous labors. Let us award to him the honor which is justly due, as he has erected to his own memory a monument, more enduring than a gilded shaft, or chiselled urn. His sentiments have withstood all the argumentation of learned and powerful minds, directed to their overthrow. Scathing satire has had no effect to check their progress, and reasoning analogically, we may predict, ere long, their universal adoption. Investigate them personally, and by a careful study and close observation, test them practically.

By experimenting according to the Homœopathic law, the resources of the *Materia Medica* can be vastly increased. It offers a guide, which, if followed, must lead to satisfactory results.

There may be growing in the solitary forest, or on the fertile prairie, where the foot of man has never trod, a plant, whose virtues would heal diseases now incurable by all the ingenuity of our art; and what a service would either one of us render to humanity by bringing into the storehouse a single fact that would lead to such a discovery. The effects of every medicinal substance, whether animal, vegetable, or mineral, can be correctly ascertained by experimenting upon the healthy; by directing your attention to such trials, you will render an invaluable service, and your name will be handed down to posterity as a benefactor to the human race.

BIBLIOGRAPHY.

SYSTEMATIZATION PRACTIQUE DE LA MATIERE MEDICALE HOMEO-PATHIQUE, par A. TESTE, à Paris, 1853. Furnished by Dr. W. Geib.

This work, like many that have preceded it, and others now in progress of production, is designed by its author to render an important service to Homœopathic medicine, by systematizing its *Materia Medica*; thereby dignifying it with the name and standing of a science, while its valuable matter may be rendered more eligible to the student, and more accessible and available in practice.

So eagerly has the accomplishment of this desideratum been looked for by the practitioner of this school, that every new volume emanating from the press, in all parts of Christendom, and bearing this promised boon on its title-page, has been received and perused with hopeful eagerness.

Our learned friend, Dr. Constantine Hering, of this city, reports, in his preface to Hempel's *Jahr*, in 1848, that the book had not yet appeared, so much wanted, that is to make the pathogenetic labors of Homœopathy, or the provings of its medicines easily, and fully available in practice. Also, as another medical gentleman of this city, Dr. Lippe, is now engaged in producing a work for the press, designed to be a generalization and counterpart of the *Materia Medica*, it may be presumed that the present time, in the opinion of the profession, does not yet rejoice in the long-sought desideratum. Whether the work just named, or the one under review, will respond to the call, remains for time to determine. Apart, however, from the consideration of accuracy, not yet open to the writer of these cursory remarks, their general character appears so similar, as to make a common fate the probable destiny of both. It is due, however, to the author last named, to state that his work is especially designed by him to aid in the *study* of the *Materia Medica*; though it is hoped he has cherished the opinion, that that *form* of study must necessarily be best, which makes the *Materia Medica* most available at the bedside of the patient.

This new work of Dr. Teste, would appear to possess some great advantages for the student of Homœopathic medicine, and especially in the condensation of its matter; always providing, however, that the fundamental principle of the school, *similia similibus curantur*, in its therapeutic application, is not impaired by his peculiar notions in the classification of the *Materia Medica*.

A pruning and purging operation, by which our *Materia Medica* might be relieved of all tautological and dead matter, is a "consummation devoutly to be wished" by all students and practitioners of Homœopathy; but all attempts to derange its fundamental therapeutic principle, the cynosure of our practice, must ever be regarded with careful jealousy and suspicion.

Our author systematizes the *Materia Medica*, by selecting twenty central medicines called "types," around which he groups other medicines, considered similar in their action, which he considers analogous; defining the action of the type on some broad and general principles, by which that of its analogues is also included.

This may possibly all be found in the provings of the medicines; but if the latter are to be regarded as the prototypes of disease, presenting examples for the application of our fundamental law, then it will be difficult to perceive how the Doctor has based his theory on them, if Homœopathic diagnosis has not heretofore generally deceived the learning of our school.

Hahnemann instructs us to treat the symptoms found on examining the case, and that *similia similibus curantur*, without regard to any change that may have intervened in the phasis of the disease. But, while our author professes to venerate the law, he denies the uniform correctness of its application on the ordinary diagnostic principles of the school, and, in order to make the action of the medicine homogeneous with the disease, it is often necessary, in his opinion, to apply it in relation to the existing symptoms, on the principle of *contraria contrariis*; founded on a part of his theory that all diseases and all medicines have two distinct and successive actions, primary and secondary, and that, in treating the secondary, the therapeutic law is to be applied to the primary symptoms.

The frequent failure of our remedies to flatter by their action, even the philosophers of our school, may call with good reason for some additional considerations in the diagnosis of their cases, unless laziness, carelessness, or inattention on their part, may fortunately relieve the present principles of our science and practice from the imputation of deficiency.

But we will let the Doctor speak for himself, by translating from his work, page 45. "All medicines, whatever may be the special nature of their action, give place in all parts of the organism in which this action is manifested, to two orders of symptoms, generally, if not always, opposed to each other. Hahnemann only accepted those symptoms, as properly belonging to a medicine, which he saw manifested under its immediate influence, and which he therefore named primitive symptoms; considering those which followed, as simply the reaction of the organism, and which, for that reason, he called secondary symptoms.

"I will not stop to fathom the depth of this theory of organic reaction; it would be but mere speculation, and does not impress me as of much importance. The fact in itself however is, without doubt, one of the most interesting that have signalized the founder of Homœopathy, and the important issue which it involves, assuredly entitles it to profound consideration.

"It is certainly interesting to know at what point the symptoms become secondary, and in what way nature demands and realizes this action. All that we yet know however is, that a medicine which primitively produces diarrhœa, is followed secondarily by constipation, while another produces the same phenomena in inverted order. One will produce stoppage of the nose, and cough without expectoration, followed by fluent coryza, and bronchial catarrh, while another produces just the reverse. Behold one that first retards, and then accelerates the circulation, and another which first impels it, to retard it in its turn. Opium puts you to sleep, and afterwards keeps you awake, while Coffee, which keeps you awake, leads to an irresistible desire to sleep.

"Having referred to these two medicines, whose alternate (? consecutive) effects are generally known, at least collectively, let them serve to render evident, the importance of discovering by pure experimentation, the opposing effects of all therapeutic agents.

"The following simple proposition, which I consider evident, *that natural maladies, as well as medicinal maladies, have their primitive and secondary symptoms*, will render all further demonstration unnecessary. All know, already, that in order that a medicine may be really Homœopathic for a given malady, it is not enough that its symptoms should be analogous, but that it is necessary, besides, that there should be a coincidence in the *order* in which the *secondary* phenomena of the medicine follow those of the disease.

"A man complains of great insomnolency; he is agitated, loquacious, cheeks flushed, cold extremities, &c., &c. Is it coffee which suits his case? it may be. Inquiry informs us that this state of agitation has *followed* a sort of *coma*, it may be only somnolence, which had lasted for a day or two, &c. Well! on this simple hint, I affirm that coffee is not the medicine for this invalid; that Opium alone will quiet him, and give him sleep; and this latter is given, alone on the faith of experience. Another patient on the contrary, is sorrowful, cast down and sleepy; besides which he is constipated, chilly, irritable, &c. But all this commenced in a paroxysm of foolish gaiety; from which I conclude that, notwithstanding his *present* state, Coffee is indicated, and not Opium: it is not necessary to repeat why.

"Now this implies a general rule; and here we have the reason why,

in a multitude of cases, which neither relate to Opium nor Coffee, but in reality to Digitalis, especially in Phthisis, Musk, Belladonna, Jusquiame, &c. &c., in which *contraria contrariis* has appeared to succeed; because this principle does not prove itself to be, at bottom, more than a happy and fortuitous application of *similia similibus*.

"Let us judge then from facts, the inappreciable value of the indications for the Homœopathist, that will result from the history of diseases, when pure experiments shall have clearly determined the symptoms, both primitive and secondary, of all the medicines.

"Unfortunately the elements for the accomplishment of this object are not within my reach; for I repeat that, the history of medicinal diseases, such as I understand it, is but confusedly contained in the pathogenesis we possess. It is then but too evident that, in certain respects, the work of classification, whose results are here published, is a premature labor. However, I console myself with the conviction that, an intimate knowledge of the general character of the medicines of which I have treated, will guard my classification from any error. In addition to a minute study of the pathogenesis, the sources from which my conclusions are principally derived, are 1st, the natural history of medicines; 2d, their known effects on animals of different species; 3d, and finally, and above all, the history of their empirical use."

After surveying these three departments of medical history, our author proceeds, p. 54.

"Thus it is then, even in the study of the traditions of Allopathy, that is in the simple results of clinical experience, and apart from pathogenetic researches, that I had already found the first intimations of a logical systematization of the *Materia Medica*.

"Why then should I fear to allow the work, which I now give to the public, to rest, in a great measure, on these indications, long entertained, compared and verified in the crucible of pure experience?"

The Doctor repudiates, however, in a foot-note, all countenance of the horrid mania, still prevalent among a host of learned doctors, of compounding drugs.

The whole book should no doubt be read, and well studied, fully to appreciate the author's proposed reform. It will, however, be very interesting to the student, and especially the practitioner of Homœopathy, to have a test applied, by which some idea may be reached, as to the conformity of these practical results, with the present and past literature of our school. Here at least the discrepancies are alarming, and if they were not so, they would be decidedly amusing.

Against hemorrhoids, Repertory, p. 478, Jahr gives Aconite, Ant., Ars., Bell., Cal. carb., Cham., Ign., Mur. ac., Nux vom., Puls., and

Sulph. Our author, p. 146, on the same therapeutic indication, gives Sulphur; but not one of his analogies agrees with the remedies assigned by Jahr to cure that disease. They are as follows:—Croton Tiglium, Lobelia inflata, Merc., Mer. sol., Bovista, Asterias, Aethusa cynapium, Cicuta virosa, Creosota, and Ratanhia. This typical medicine, Sulphur, with all its analogues, is placed, also against Asthma, with a foot-note, that all these produce “suffocation in ascending a stairs.” Jahr, Repository, p. 559, prescribes for Asthma, Acon., Ars., Bell., Bry., Cupr., Fer., Ipec., Nux. vom., Phos., Pul., Sam., and Sulph.

Now, which of these two gentlemen is right; our old book-maker and cynosure, or this modern philosopher and reformer? We confess ourselves only able to determine that, one must be wrong, and to see in this disagreement, the danger of wandering from the text of our great master, and his simple inductive philosophy, and the great necessity there is of fortifying ourselves against revolutions and innovations, by intelligent and industrious efforts, added to freedom from selfishness and fanaticism.

IN PRESS.—THE HOMŒOPATHIC MATERIA MEDICA, systematically and practically arranged, by A. TESTE, M.D., Graduate of the University of Paris, Member of the Société Gallicane de Médecine Homœopathique, &c. Translated from the French, by CHARLES J. HEMPEL, M.D., Fellow of the Homœopathic Medical College of Pennsylvania, Honorary Member of the Hahnemann Society of London, &c.

This important work will be issued in four numbers, at fifty cents per number, each number of about 150 octavo pages; the first number will be published on the first of December, and the following numbers will follow in quick succession. Subscribers remitting two dollars, will receive the whole free of postage. This work is one of the most useful contributions to the literature of Homœopathy, and distinguished from many similar works by the eminently practical arrangement of its materials, and by the peculiar richness and appropriateness of its illustrations concerning the therapeutic properties of Homœopathic drugs. The natural history of the drug is given in every case, followed by a description of its uses in Allopathic practice, going to show that all the most brilliant cures which Allopathic physicians perform with their drugs, are performed in accordance with the principle, “*Similia similibus curantur.*” This admirable work will undoubtedly become one of the standard works of the Homœopathic school, and will be eagerly read by every friend of the Homœopathic healing art. It is particularly adapted to the use of those who wish to obtain a comprehensive and accurate knowledge of the Homœopathic Materia Medica, without going through the fatiguing task of studying the original sources.

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THE COMPLETE REPERTORY TO THE SYMPTOMEN-CODEX.

Philada., Sept. 24, 1853.

In the August number (No. 5, Vol. II.) of the "Philadelphia Journal of Homœopathy," Dr. Charles J. Hempel challenges Dr. Ad. Lippe to substantiate his assertion, "*That the translation of Dr. Hering's Preface to the Symptomen-Codex, contains wilful perversions and omissions,*" and proposes that the original MSS. of Dr. Hering should be placed in the hands of a committee to examine and report thereon.

Dr. Lippe, in a note to Dr. Gardiner, under date of August 15th, 1853, accepted the challenge, of which Dr. Hempel was duly notified by both Drs. Gardiner and Lippe, and the 24th of September was proposed for the sitting of the committee.

Dr. Lippe nominated Drs. Esrey and Duffield, who appeared, but Dr. Hempel or any one for him not being present, an adjournment for two weeks took place, viz., until the 8th of October.

October 8th, 1853.

Drs. Esrey and Duffield met this evening, but no one appearing on behalf of Dr. Hempel, and being informed that he had received due notice, *directly* by letter, and also through Mr. Radde of New York, and Dr. Lippe being present with his papers and documents, the committee concluded it was not the intention of Dr. Hempel to appear, either directly or by proxy, and therefore named Dr. Zumbrock as a third person to assist them. Dr. Zumbrock accepted, and took his seat as a member of the committee.

Dr. Wm. P. Esrey being chosen chairman, the committee proceeded to business.

Dr. Lippe laid before the committee the following papers, viz. :—

- 1st. Dr. Hering's MS., such as it was returned to him by Dr. Hempel.
- 2d. A printed copy of it as published in the "Allgemeine Homœopathische Zeitung," Nos. 23 and 24 (Feb. and March, 1851), Vol. 40.
- 3d. The translation as rendered by Dr. Hempel.

After carefully examining these documents we find—1st. That the MS. laid before us is the same that was returned to Dr. Hering by Dr. Hempel, after he had translated it.

2d. That the printed copy as published in Leipzig, in Nos. 23 and 24 of the "Allgemeine Homœopathische Zeitung," Vol. 40, is identical with Dr. Hering's MS.

3d. That after comparing the MS. with Dr. Hempel's translations, we find the following, besides many other variations, viz. :

1st. On the first page (iii.) of the preface the MS. reads thus: "Several works, indeed, had been *printed register-like* to facilitate the finding of symptoms, *some of them very voluminous, e. g., the register of Hartlaub and Trinks, filling fourteen volumes.* But even these could not satisfy the physician who wished to find quickly what was most important, and to decide when choosing a remedy."

Dr. Hempel's translation of this passage which will be found on the first page (iii.) of the preface to the Symptomen-Codex, beginning at the nineteenth line, reads thus:

"Several works had indeed been published to facilitate the finding of symptoms; but they did not prove satisfactory to practitioners, inasmuch as it was frequently difficult, and even impossible to discover the sought-for remedy by means of these works."

In the quotation from the MS. we have italicised the *omissions* only.

2d. The next sentence, on the same page in the MS., reads thus:

"A small work of Jahr, in one octavo volume, contained a short and compact essay (or compend) of all the symptoms which seemed most important to the author, accompanied by a register (index) for the finding of them. Also the so-called Repertory of Bœnninghausen found a ready sale in Germany—which abroad must not be mistaken for approbation. These books were used and promised to meet the wants of many, but they were censured and found fault with by a majority."

The translation of this passage follows the former on the same page of the Symptomen-Codex, line twenty-second, et seq., and is as follows:

"This is the reason why Bœnninghausen's Repertory and Jahr's first Manual, which contained a succinct exposition of all the then known symptoms that seemed to bear any importance to the authors, met with a ready sale in Germany, although by no means with the unqualified approbation of the profession."

3d. The next passage in the MS. to which our attention is called, reads as follows:

"If it is necessary to have more or less reasons before accepting, or believing in, a thing—and if a man who believes everything without reasons may be looked upon as a man of little sense—it is just as necessary to have good reasons before rejecting or admitting anything; or the same littleness of mind shows itself, but in an opposite direction. It is just as difficult to determine which provings, and what single symptoms of the remedies are most valuable, as it is to determine which of them are not. True criticism is impossible without principles. The principles known as yet in the above-mentioned criticisms of the *Materia Medica*, are nothing but repetitions of the balderdash of our opponents."

Dr. Hempel's version of this passage is on the second page (iv.) of the preface, beginning at the twenty-sixth line, and is as follows :

"It is just as foolish to reject a thing without adequate reasons, as to believe it without sufficient grounds. It is equally difficult to determine the value or usefulness of the results of our provings. There is no true criticism without principles. The manner in which our *Materia Medica* has been heretofore commented upon by beginning practitioners, is copied from our Allopathic opponents."

4th. On the third page (v.) of preface, at the twenty-ninth line, the following passage in the MS. has been *omitted* :

"Notwithstanding that this will increase the price, the advantages for the use are very great."

5th. The next passage in the MS. we notice, is as follows :—

"Furthermore, the author has mixed up heterogeneously, the expressions of all the pathological schools, without criticism (remark), and for that reason, this book, with all its external display of learning, by its internal complete want of knowledge, and various chemical blunders, its boasting title and great promises, has done more to injure the reputation of Homœopathy among scientific physicians of the opposite party, than any other book before. The American physican, therefore, need not complain that the author and editor chose Jahr's Hand-book, and not that of Noack & Trinks. This choice, *over which the writer of this preface has not had the least influence*, will be justified by every one who compares the two works carefully."

The translation of this passage, as made by Dr. Hempel, will be found in the preface, on the fourth page (vi.), beginning at the twenty-seventh line, and reads thus :—

"Noack & Trinks have, moreover, injured the cause of Homœopathy by indiscriminately mixing up the technicalities of all the pathological schools, not to mention the chemical errors which have forced their way into the work."

"The American Homœopathic physicians owe their acknowledgments to both the editor and publisher of Jahr's Manual, for having chosen the latter work. The superiority of Jahr's Manual over that of Noack and Trink's, will be admitted by all who will take the trouble of comparing the two works by the sources from which the materials have been derived."

6th. On the fifth page (vii.) of the preface, at the fourteenth line, after the word "remedies" the following is *omitted*, viz. : "which might be acceptable to the very first beginners, and scarcely to them."

7th. On the same page, at line twenty-eighth, is the sentence, "*The defects alluded to above, have not, however, been transferred to the American Jahr,*" is not in the MS.

8th. On the same page, after the word "be" at the beginning of the thirty-fourth line, the following sentence is left out, viz.:

"Both, are in the Homœopathic literature merely a shift for the time."

9th. On the seventh page (ix.), and twenty-first line, the preface reads, "which have been *observed* upon the sick." It ought to be "which have been *produced* upon the sick."

10th. On the same page, line twenty-sixth, instead of "*curantur*" it should read "*cured*."

11th. In the twenty-seventh line of the same page the preface reads:

"They have been published in a separate work."

The MS. reads:

"They have been extracted as the pith and essence of the *Materia Medica*, and were printed separately."*

12th. At the end of the sentence, on the same page, and thirty-first line, the following is omitted:

"So that their success is very little, or not at all better than that of the Old School."

13th. The last sentence on the seventh page (ix.) of the preface, reads thus:

"What appear insignificant symptoms to the pathologist, may be of the utmost importance to the observer of drug-diseases; and vice versa, what the latter considers unimportant, may seem of great importance to the pathologist."

In the MS. it reads as follows:

"What appear to the pathologist as the most important symptoms, become the least important where judging a drug-disease; and what, in the *Materia Medica* are the most important, i. e., deciding in the choice of a remedy, consist of symptoms which the pathologist is not in the habit of observing, and which he need not observe, because they are of no use to him."

14th. In the preface, page x., line twenty-nine, we read as follows, viz.:

"All that is required is, that the characteristic symptoms of the case should be found among the symptoms of the drug."

In the MS. of Dr. Hering it reads:

"If only the characteristic peculiar symptoms of the remedy can be found among the symptoms of a given case."

15th. On the same page (x.), the last paragraph begins thus:

"I do not mean to say that some remedies may not correspond more frequently than many others to certain diseases."

In the MS. of Dr. H. it reads:

* New York.

"I do by no means, mean to say, that some remedies are not oftener applicable in some separate certain pathological conditions."

16th. In the same paragraph, fifth line from the bottom, the preface reads :

"Ever since Aconite has been supposed to be principally indicated in inflammatory affections, the study of its symptoms has been very much neglected, and it is used less and less in various non-inflammatory diseases, when it is, however, the only curative agent."

In Dr. Hering's MS. it reads thus :

"Since Aconite is given, principally, in the so-called inflammations, the study of its symptoms is considered superfluous, this being considered a decidedly characteristic indication, and the remedy is less and less used in diseases of different and opposite character. It can be given with great success in different diseases, though not inflammatory, if only the symptoms are similar."

17th. On page xi. of the preface, fifth line from the bottom, it reads thus :

"In the Measles of 1840, 1841, for instance, I gave Antimonium crudum with great success, before I knew that the highest potencies of this agent produce an eruption resembling that of Measles. My choice was determined by the similarity existing between these two agents." (Query, what two.)

Dr. Hering's MS. reads thus :

"In the Measles, 1840 and 1841, for instance, I had given Antimonium crudum with great success, *guided by its similarity to Pulsatilla*, before Dr. Williamson had experienced that Antimonium crudum, when given in high potencies, produces an eruption resembling Measles."

18th. And on the next page (xii.) Dr. Hempel continues :

"It may, therefore, be said, that the similarity between the Pathological changes of the drug and those of the disease, is of very little, if any, consequence."

While Dr. Hering has written it :

"What value has this similarity? a very subordinate, if it has one at all."

19th. On page xii., Dr. Hempel says, at the ninth line :

"How much clearer is the path which Hahnemann has opened for us."

Dr. Hering in his MS. says :

"Everything at once becomes clear and certain as soon as we enter, and perseveringly follow the path opened to us by Hahnemann."

20th. On the xiv. page, 1st line after characteristic, Dr. Hempel has "and," while in Dr. Hering's MS. it reads, "in connexion with."

21st. On the same page, line sixth, the preface reads :

"I have been induced to use it on speculative grounds, because Kali c., is one of our most efficacious remedies in affections of the chest."

Dr. Hering has written it :

"I was induced by my theoretical views of the preferable applicability of all the Kali salts in such chest affections."

22d. On the same page, line thirty, Dr. Hempel says :

"Or in conjunction with other remedies."

That, Dr. Hering never said, but when he uses the word "conjunction," it is with groups of symptoms, or single symptoms.

There are other minor matters, to which our attention has been called, which we have not made any note of, considering the foregoing sufficient to establish the point assumed by Dr. Lippe.

W. P. EZREY, M.D.,	} <i>Committee.</i>
A. ZUMBROCK, M.D.,	
HENRY DUFFIELD, M.D.	

EDITORIAL.

WHAT RULES SHOULD THE PHYSICIAN ALWAYS OBSERVE IN THE TREATMENT OF THE SICK?

THAT there are certain rules always to be observed in medical practice, no one of extensive experience can for a moment doubt; but how far uniform rules may be applicable, is left for the decision of those who have the greatest variety and numbers of patients to treat. The aim of the practitioner should be to accomplish the greatest amount of good for those committed to his care, and in order for him to effect this, it seems requisite that he should always possess a clear and distinct idea of every matter absolutely requisite in each individual case. It is commonly remarked that systematic efforts are generally crowned with the most unequivocal success, and it matters not how extensive the knowledge and acquirements of the physician, if he is not a man of method, he may always find himself in greater or less confusion in the discharge of his clinical duties. A man who proceeds methodically will always have certain fixed rules, to which he will adhere, and although they may be of a very general character, yet without them, he might be compared to a clock, without its regulating machinery.

The rules which should always be observed, are such as have their foundation in common sense, in common observation and experience, and

in the attempt to define such a code of rules, we can only take a common sense view of the matter. Taking it for granted that the physician is well skilled in point of knowledge, that he is a gentleman by intuition, and possesses all the requirements necessary to enable him to discharge his duties. The next question comes up, "How shall he proceed? how shall he approach his patient? what inquiries shall he make? and what circumstances shall he note?" We will venture to offer a few observations upon these queries, not assuming to be the instructor of our compeers, but by way of agitating a subject that should engage the attention of the profession, and more especially the newly initiated, who are expected to profit by the observation and experience of their elder brethren. And although the greatest simplicity may be predicated of the rules which we have to suggest, a mere recital of them may contribute to their fixed position in the mind, even if they excite a little criticism, on account of their being "*common-place, what everybody knows,*" &c., yet we will offer them for what they are worth, and will number them, too, in order that each may be criticised by itself, or adopted if well thought of, or rejected if otherwise. Without prolonging our preliminary remarks, then, we will proceed to note.

1st. That when a practitioner is called upon to prescribe for a patient, he should throw aside all indifference about the matter, manifest an interest in the case, observing a kind and attentive demeanor that will make the patient feel free to communicate the nature of his sufferings.

2d. The practitioner should make it a rule to listen to what the patient states concerning his disease, without interrupting him with questions that might elicit erroneous replies, for it is presumed that the patient will speak freely of his actual sufferings if he feels that his freedom is not impaired.

3d. After the patient has disclosed, of his own accord, the sensations and pains which afflict him, then, as a general rule, the practitioner may make some inquiries with regard to them, such as, "How long has the patient suffered? what circumstances surrounded the patient, when his illness commenced? what exposures had he previously been subjected to?" The practitioner may also elicit by inquiries, more full particulars concerning the kind of pain; "whether intermittent or continuous; whether dull or acute; whether fixed to a single point, or moving about; whether worse when moving about or at rest; whether aggravated by day or night;" and, in short, he may make any inquiries concerning the condition under which his patient suffers.

4th. The practitioner should avoid locating any symptoms for the patient. An improper question might lead the patient to fancy he had a pain or an ache, when in reality he had none. A person suffering from

an impaired condition of the nervous system, may be made to complain of suffering at almost any point, by having his attention so directed, by ill-judged questions. And this may account, in some measure, for the marvellous stories often related of the skill of certain mountebanks, who, it is said, only look at their patients, and then tell them all their feelings, pains, and aches, as well, or better, than they can describe them themselves. Therefore we will lay it down as a general rule, that all questions ought to be avoided that will lead the patient away from an accurate description of his actual sufferings.

5th. After the practitioner has elicited, by proper measures, a faithful and accurate description of the symptoms from which his patient suffers, he should then make it a rule to study the case, as presented by his patient; he should attentively observe the most prominent symptoms, and consider them as the centre of the group, while the least prominent he may regard as concomitant. He should also note critically the conditions under which his patient suffers the most, and those under which he suffers the least, and fix the whole in his mind.

6th. The practitioner should observe it as a general rule, not to seek to adapt a remedy, until the preceding conditions are passed, and then let him proceed with great care, to select a remedy, if possible, whose pathogenesis will cover the case. Let him be careful to ascertain if the most prominent symptoms of the remedy will tally with the most prominent of the disease, and whether there is a close resemblance of the conditions under which the symptoms of the remedy, and those of the disease, are made to appear the most prominent. After he has become satisfied with regard to this, let him prescribe a single dose of such trituration or dilution, as, in his judgment, the case may require.

7th. Let it be a general rule to note the character of the patient's apartments, and to secure the benefit of a wholesome atmosphere.

8th. Let it be a rule to prohibit the use of all perfumery, camphor, or anything that conflicts with the purity of the atmosphere, or to interfere with the remedy prescribed. And also let it be a rule to have the patient kept clean as possible, by regular ablutions, and at regular times.

9th. Let it be a rule to require, at regular intervals, a change of clothing and bed-clothes, if the patient has strength enough to bear it.

10th. Make it a rule to prescribe the beverages that a patient must confine himself to, while under treatment, and also the regularity to be observed in taking them, as well as the quantity, as near as possible.

11th. Observe as a rule, to prescribe the kind of food the best adapted for the patient, and particularly point out the regular intervals that must elapse between the times of taking it, and with regard to both

food and drink, avoid all deleterious articles, and seek those which are nutritious and non-medicinal.

12th. After administering a single dose of the affiliated remedy, make it a rule to wait for its action, a sufficient length of time. If an aggravation of the symptoms occur, do not repeat until sufficient time elapses to determine whether the aggravation is produced by the remedy or not; if so, the aggravation will cease, if not, there is reason for changing the remedy.

13th. It may be observed as a rule, that when a single dose is followed by the convalescence of the patient, it need not be repeated.

14th. When it becomes evident that an acute disease occurs in a psoric patient, as a general rule, a single dose of an antipsoric may be given first, to be followed by a remedy, indicated by the acute symptoms.

The foregoing rules are far from being complete, and we have merely made the attempt to show that a few general rules may be observed by all physicians. And we are convinced, that due attention to the subject, would tend very much to elevate the position and prospects of Homœopathy.

It must be obvious to every one that there can be but one correct course of practice, and we have not only been pained but we have felt the inconvenience of witnessing the conflicting kinds of what is termed Homœopathic practice. We have known some to practise without rule, with Homœopathic remedies, maintaining the absurd doctrine that nothing can interfere with their salutary action—hence they have allowed laudanum, castor oil, brandy, and salts, and such things to be used freely, when taking the usual Homœopathic attenuations; but one thing is certain—this course must be wrong, if the doctrines of Homœopathy are correct.

If the Homœopathic practice is the preferable mode of treating the sick, it is certainly worthy of being reduced to a system. There is little to be accomplished without method, but as the case stands now, when we are asked to define the system of Homœopathic practice, we can only say, Dr. A. gives a large number of remedies to be taken successively in every case he treats; Dr. B. merely gives two in alternation; Dr. C. gives a psoric and an antipsoric in all cases; Dr. D. allows palliatives; Dr. E. gives only a single remedy, and never repeats, and so on. While Dr. F. allows the greatest latitude in diet, Dr. G. says the regimen must be restricted. One wants a tub of cold water, or a wet towel to make a remedy act, while others want warm baths, flesh brushes, sinapisms, &c. Now we humbly trust this jargon of conflicting customs has begun to ferment, and we hope it will continue to work out all impurities from our noble art; if it don't, putrefaction will take place, that is a sure case. There can be but one correct course, one positively accurate mode of practice, and the

sooner we let common sense in the light of science decide it the better. We have just hinted at a beginning—brimfull of imperfections very likely, but we hope those who have better sight than we have, will favor us with something better.

We doubt not there is a regenerating influence abroad, and if every genuine Homœopath will set himself to work, to remove obstacles, our profession will improve, and the world will be better off for it. We heartily rejoice at the efforts now being made to improve our *Materia Medica*. The Provers' Union we bid God speed, and we will lend our feeble aid in the cause. But we do hope the best method of using remedial agents will be inquired for—that the work of proving may be made the most of in the right way.

And in conclusion we will inquire of our readers, if the case does not often occur that the most decided failures happen merely for the want of a clear and distinct idea of the best method of rendering Homœopathy available, and we unhesitatingly repeat that it is possible to adapt a code of general rules, such as may be adopted by Homœopathic physicians, that will materially aid in dispensing Homœopathic remedies, so as to insure for them the most salutary effect. We invite attention to the subject, and we shall be most decidedly thankful for the aid of some abler pen in this matter, than that of our own.

PROGRESS OF HOMŒOPATHY IN HAVANA.

It is gratifying to learn, that the principles and practice of Homœopathy are steadily advancing. We recently received, from the hand of the editor, Don Juan Terradas, M.D., the first two numbers of a Homœopathic Journal, published in Havana, bearing the following title, *El Propagador Homeopatico*, &c. The publication has given some offence to the Allopathic profession of Havana, and at their instance the editor was arraigned before the Captain General of the Island, fined two hundred dollars for promulgating too patriotic sentiments, and the farther issue of the Journal interdicted. Dr. Terradas, influenced with a zeal and determination, worthy of commendation, is now on his way to the Court of Spain, to obtain special permission of the Queen to continue his Journal. We sincerely hope he may succeed in obtaining the object of his mission, and thus be able to continue the publication, which promises to accomplish much good for science and humanity, in the Island of Cuba.

AMERICAN PROVERS' UNION.

We take pleasure in informing our readers, that a society has been

formed in this city, by a large number of Homœopathic physicians, under the name of the AMERICAN PROVER'S UNION, which has for its object, the improvement of our Materia Medica, by the re-proving of such of our remedies as have already been partially proved, and of those which it is desirable should be still farther proved.

This Society has been organized nearly two months, and its members are now engaged in the further proving a remedy which bids fair to be a very valuable one, if not a *polycrest*.

They ask the co-operation of all the Homœopathic physicians in this city, in all the cities and states of the Union, and all parts of the world. For the purpose of securing this, as far as possible, a number of Corresponding Secretaries have been appointed, who will address a circular and copy of the Constitution to every physician whose name and address is known to them. Those who have not already received such circular and copy of the Constitution, by sending their name and address to the Recording Secretary, Dr. Henry Duffield, No. 38 South Seventh Street, Philadelphia, will be promptly supplied.

TO SUBSCRIBERS.

We are under lasting obligations to our friends for the support they have extended to us in our undertaking. We are satisfied from tangible evidence, that we have many professional friends who have exerted themselves to procure subscribers, and give circulation to the Journal; for this we shall ever feel grateful, and extend to them our assurances of regard.

We now make one more appeal, and trust it will meet with a response, that will enable us to go on our way rejoicing, and encourage us to labor on in our workings for the benefit of science and Homœopathy in this country. We are well satisfied there are many Homœopathic physicians and laymen, who would subscribe for our Journal if a personal appeal was made to them by our friends. Physicians are thinking men and wish to judge of the character of a periodical before they agree to give it their support, and we are satisfied there are many who would immediately subscribe, and be glad to have the Journal, if they were acquainted with its merits. Now, gentlemen, give me your assistance in extending its circulation.

We intend to continue, even if we sacrifice pecuniary resources; but this outlay, on the part of the editor, is unnecessary, because we well know, enough subscribers could be procured to pay the expense of publication, if our friends in different parts of the country would urge upon physicians and others the necessity for having the Journal. We are willing to do

our part without any remuneration, but don't feel willing to suffer pecuniary loss.

We make two propositions, and we hope our subscribers, who, we believe, prize the Journal, and think well of its contents, will give them earnest heed; by so doing, they will free us from pecuniary embarrassment in its publication, and encourage us to labor assiduously to make it rank with the first periodicals in the country, in scientific and practical value.

1st. That subscribers forward promptly, the amount of their subscription.

2d. That each subscriber use his utmost endeavors to procure an additional subscriber, and forward the name, residence, and amount of subscription to the editor.

If each subscriber will comply with our propositions, the Journal will be on a sure and lasting basis, and it requires but little effort to accomplish it.

We make this candid statement to the profession, because some might erroneously suppose that we were making money by the publication, but give us sufficient to pay the printer, and we ask nothing more.

Some copies of Volume I. remain on hand; we will furnish Vols. I. and II. for five dollars, to subscribers who may wish to have the work from its commencement.

MEDICAL NEWS.

PROCEEDINGS OF THE BRITISH CONGRESS OF HOMŒOPATHIC PRACTITIONERS,

HELD AT MANCHESTER, AUGUST 4th AND 5th, 1853.

THIS Annual Congress was opened on Thursday evening, at the Albion Hotel, when the following gentlemen were present: Dr. Epps, and Surgeons Frith and Engle, of London, Dr. Lawrie, of Edinburgh, Dr. Luther, of Dublin, Dr. Drysdale, of Liverpool, Drs. Walker, C. D. F. Phillips, Patrick, and McDowall, Surgeons E. Phillips, Harrison, and Brown, and Mr. Turner, chemist, of Manchester, Drs. Irvine and Craig, of Leeds, Dr. Ransford, of York, Drs. Ramsbotham and Cameron, of Huddersfield, Surgeon Brady, Bradford, Drs. Fearon, and Walter Johnson, of Birmingham, Surgeon Smith, of Sheffield, Dr. Atkin, Surgeon Millin, and Mr. Leaton, Chemist, of Hull, Surgeon Holland of Rochdale, Dr. Tuckey, of Preston, Dr. Black, and Surgeon Gillon, of Clifton, Dr. Russell, of Lea-

mington, Dr. Sharpe, of Rugby, Surgeon Brooks of Warrington, Dr. Dunn of Doncaster, Dr. McLeod, of Ben-Rhydding, Dr. Pope, of Derby, Dr. Blake, of Taunton, Dr. Prince, Bideford, Surgeon Pearce, and Mr. Clifton, Chemist, of Northampton, Mr. Thomas, chemist, of Chester, Mr. Pearce, chemist, of Norwich.

J. R. Drysdale, Esq., M.D., was appointed President. The proceedings being opened by a few remarks from Dr. Drysdale, the introductory address was read by W. Sharpe, Esq. M.D., F.R.S., of Rugby. The principal points to which he directed attention, were, first, "Whether it was not probable that a law, rule, or principle, existed in nature for the treatment of disease." In support of this argument, Dr. Sharpe alluded to the laws regulating every department of even inanimate nature, "And should there not, then," said he, "be a law of health and disease? All analogy leads to the conclusion, that there exists in nature some law, rule, or principle, for the treatment of disease. What, then, is this law? To this question, we believe," said he, "the answer to be expressed by the words, '*similia similibus curantur.*' We believe this law to be the law of Homœopathy." Dr. Sharpe then proceeded to expound the law of Homœopathy, and to insist on its being entirely independent of theory, considering it as a simple expression of facts. Dr. Sharpe then referred to the so called auxiliaries, entering here a protest against the use of the term, inasmuch as we cannot assist the action of any law of nature, though we may remove impediments to its development. "If," said Dr. Sharpe, "this term be applied to bleeding, purging, &c., both the act and the term are wrong; these are obstructions, not auxiliaries. If, again, it is applied to circumstances beyond the sphere of action of the Homœopathic law, it is equally wrong. Where the law does not apply, it cannot be assisted." Dr. Sharpe then pointed out the nature of those cases, which he considered as beyond the pale of the Homœopathic law, instancing the existence of mechanical difficulties which require mechanical appliances for their removal, as, e. g. inflammation of the bladder, dependent upon the presence of a calculus; also a few cases, where the obstacles are chemical, as, cases of poisoning, and in addition, those cases, which, however scarcely, come under the category of diseases, where animation is suspended, from drowning, or any other form of suffocation. Dr. Sharpe concluded a very able paper, by some highly interesting remarks, on what Sydenham has so sarcastically termed, the "bites of the caterpillar," viz., those cases which arise from the continued use of powerful drugs. This last point, the accumulation of drugs in the system, and the best method of removing them, excited a very interesting discussion, kept up, principally, by Drs. McLeod, Russell, Ramsbotham, and Sharpe. Several very instructive cases, principally the result of the prolonged exhibition of Mercury, Lead, Arsenic, Aloes, and Gamboge, were adduced. The treatment chiefly adopted in them, was the frequent

use of bathing, and the application of the wet sheet, commonly called "packing," or by that of the wet abdominal compress. In cases of mercurial disease, Hepar Sulph. and Nitric Acid, were considered very efficient. The recommendation, and frequent failure, of the Iodide of Potassium, by the members of the old school, was here discussed. Several gentlemen stated that, in cases of medicinal disease, they had noticed that medicines Homœopathically applied, frequently had little or no effect before a course of bathing, while afterwards they had a very marked influence in the removal of obstinate symptoms. As cases presenting, more than usual difficulty in their treatment, stricture of the rectum, and accumulation of fat around the heart, were cited. Dr. Epps, of London, expressed his approval of the address of Dr. Sharpe, in several points, while to others, he could not agree. Dr. Epps thought Hahnemann's theory explaining the action of the Homœopathic law, very useful, and quite correct, and stated, moreover, his intention of adopting it, until a better was proposed. Dr. Epps did not think any case could be pointed out, where the Homœopathic law could not act, and strongly deprecated the use of any other than strictly Homœopathic remedies. He said that, during fifteen years he had seen no curable disease, which was not curable by Homœopathy, and at the same time, he stated that his sphere of observation was a large one, he generally seeing four thousand cases per annum.

The report of the committee appointed at the last Congress, to take into consideration the formation of a council, for legislating among Homœopathic practitioners, was now brought up by Dr. Fearon, of Birmingham. Of two hundred circulars issued requesting an expression of opinion from practitioners on this point, only seventy-eight answers had been received; of these, fifty-eight entirely approved of the establishment of such a body; eleven approved conditionally; and nine disapproved altogether. Several extracts from the answers received were read, showing the method by which such a body might be formed, and considering its duties when established. The principal object appeared to be the formation of a kind of Medico-Ethical Association. A short discussion ensued; when it was concluded, that from the present want of unanimity among Homœopathic practitioners, particularly of those in London, it would be better to adjourn, sine die, the discussion of the question. A motion to this effect, proposed by Dr. Dunn, and seconded by Dr. Black, was agreed to.

The next meeting of Congress was then appointed to take place on the first Wednesday and Thursday in August, 1854, at Leamington, in Warwickshire; and Dr. Russell was appointed secretary.

The meeting was then adjourned to Friday noon, when Dr. Drysdale having taken the chair, Dr. Blake, of Taunton, made a communication on the Botanical differences of the various species of Bryonia. He

contended that, though there were several differences in the structure of the different kinds of Bryonia—yet the therapeutic action was the same in all. And besides that, the Bryonia common in Devonshire was, in all respects, therapeutically similar to the Bryonia procured from Germany. Dr. Luther and Mr. Gillon corroborated these statements.

Dr. Russell of Leamington, read the results of several experiments he had performed on himself, with the poison of the cobra de capello, with a view to a proving of that substance. He also detailed some furnished to him by Dr. Stokes of Liverpool, together with others, collected from different writers on the natural history of India. So far as he had gone, the proving seemed to indicate that, in this substance we shall have a valuable remedy in certain forms of heart disease, and disturbances of the thorax. Dr. Russell requested the aid of provers—and entered into arrangements with a dozen or fourteen gentlemen, whereby he might obtain seventy-two separate observations.

Dr. Epps then addressed the meeting on the origin and progress of Homœopathy in Manchester; referring principally to the circumstance of his curing a case of epilepsy some twelve years ago, in that city, and following this up by popular lectures on the subject of Homœopathy, introducing the late Dr. Davids as a Homœopathic practitioner, assisting in the institution of a dispensary, and in the opening of a Homœopathic chemist's shop by Mr. Turner. He then stated his regret that the Homœopathic practitioners of Manchester did not lecture on Homœopathy to "the people"—he also expressed his regret that Homœopathy had not progressed so much in Manchester, as *he thought* it ought to have done, and considered that this arose from the medical men being "tinctural," instead of "globular." He considered that this preference for tinctures arose from a want of knowledge of Homœopathy. He then quoted from the "*Homœopathic Times*," two prescriptions, said to have been written by Mr. Phillips, which he denounced as non-Homœopathic, and finally urged all to the use of globules, and the delivery of popular lectures.

Dr. Russell rose to demur to the propriety of a physician courting publicity by any such means; inasmuch as the audience he would have to address would not be capable of judging in the matters of which he would have to speak. And moreover it was frequently the case that, in public speaking, sentiments were expressed, and opinions stated, which, in the absence of all excitement, the author of them would gladly withdraw. Dr. R. thought that Homœopathic practitioners ought above all men to avoid even the appearance of what was quackish. He thought he was expressing the almost unanimous feeling of this Congress when he said, that on the whole, public lecturing was not advantageous to the profession. (Loud cheers.) He then referred to Dr. Epps having quoted a prescription, which, but for a breach of confidence on the part of some one or other,

would never have been published. He considered this highly improper of Dr. Epps, and also his casting aspersions on the practice of individual medical men. (Applause.) Mr. Holland, of Rochdale, said that he thought that before Dr. Epps applied his besom to what he considered the Augean stable of Manchester, he ought to purify the place in which he lived, London, in which there was much tinctural practice. He had a patient to whom a London practitioner had given a bottle of the *pure* tincture of Bryonia, with directions to take four drops every four hours, *and never less!* (Laughter.) The success of the Homœopathists of Manchester was not less than that on which Dr. Epps could congratulate himself; and he (Mr. Holland,) had known cases recover from the use of tinctures, where the globules had failed.

The President here stated in reply to a question from a member of the Congress, that the tinctures referred to were not mother tinctures, but dilutions, except in Mr. Holland's Bryonia example. Mr. Gillon contended for full license in the selection of dilutions, and for preferring tinctures to globules, and vice versa, as occasion might demand. In support of this argument, Mr. G. instanced a case, in which he was convinced that Arsenicum was the remedy, but had given it in various dilutions, from the 3d to the 200th, without success. He then mentioned the case to Dr. Walker, of Manchester, who suggested the employment of the 1st dilution. This was done, and had the effect, in a short time, of completely curing the patient. Dr. Sharp, of Rugby, said, that no man ought to be said not to be a Homœopathist, because the doses he gave differed from those of other practitioners. Hahnemann had left them a principle of cure; but as to the size of the dose he told them nothing, and each man ought to be allowed to be guided by his own observation, and experience. Dr. Ramsbotham argued in favor of the general, though not uniform, unimportance of the dose, provided the remedy was correct.

Mr. Holland here complained, in strong terms, of the frequently scurrilous language which appeared in the pages of the Homœopathic Times; language which he described as worse than that in the "*Lancet*," while it lacked the talent of the latter journal. (Applause.) Dr. Prince, of Bradford, Drs. Ramsbotham and Russell, apologised for the Homœopathic Times, while Mr. Gillon supported the opinion of Mr. Holland, strongly deprecating some letters signed "Q. in the corner,"—a remark which appeared to be cordially responded to by the members of Congress.

Dr. Lawrie gave some account of the present position of Homœopathy in Edinburgh, where in spite of a most determined and virulent opposition, the system of truly rational medicine flourishes more than ever. It is expected that at least six of the graduates of the present year are Homœopathists!

Dr. Epps maintained, that in all towns the first development of a truth

must be by popular lectures, and urged their delivery on his professional colleagues. He said he protested against the use of tinctures in London as well as out of it. In regard to the case where the first dilution of Arsenic had been given, he expected some day to hear that that gentleman had died suddenly of ulceration of the stomach in consequence. (Loud laughter.) He had frequently known such to occur. (Continued laughter.) He should consider himself very guilty if he were to give a trituration of Arsenic in the dose mentioned by Mr. Gillon. In regard to the prescriptions, he quoted from a public journal—believed them to be hospital documents, and was not aware before, that they had been private and consequently ought not to have been published. He again protested against tinctures and defended globules.

Dr. C. D. F. Phillips, House Surgeon at the Hospital, said he had never seen such prescriptions there, as those attributed to Mr. Phillips in the *Homœopathic Times*.

On the motion of Dr. Russell and Dr. Atkin, two committees were appointed, one to arrange for uniformity in the writing of prescriptions, consisting of Drs. Black and Irvine; the other to consider, and report to the next Congress on, the issuing of a *Pharmacopœia*, consisting of Drs. Madden, Drysdale, and Russell.

Dr. Epps warned Homœopathic practitioners to use all their influence to prevent the College of Physicians obtaining the charter they were at present applying for, as it contained clauses materially affecting our interests.

With a vote of thanks to the Chairman, the Congress adjourned to meet next year at Leamington.

In the evening the members dined together at the Albion Hotel, and appeared unanimously pleased with the success of the meeting.

HOMŒOPATHIC TREATMENT OF YELLOW FEVER.

(From the Madison Courier.)

Natchez, Miss., Sept. 24th.

M. C. GARBER, Esq.,

SIR,—You published in one of your late papers, a telegraphic despatch, stating the remarkable success of Homœopathy in the treatment of yellow fever. In a subsequent issue, under a very exaggerated telegraphic report from Natchez, you intimate your fears that the Homœopathic remedies have not gratified our sanguine expectations. If the report were true, your apprehensions would be very well founded, but instead of four hundred inhabitants, there are, at least, two thousand remaining in the city. There have been fully one thousand cases of yellow fever, within the limits of the corporation. Contrary to the precedent of former epidemics, the

disease has spread to a considerable extent in the surrounding country. It may be fairly estimated, that up to date, 1200 cases of yellow fever have been treated by the physicians of Natchez. Of this number, 300 and a fraction over have been buried, according to official reports. As the subject of Homœopathic practice is one of vast importance to the health and happiness of mankind, a few thoroughly authenticated statistics thereon, may be interesting both to you and your readers.

Dr. Davis and myself, have treated Homœopathically, 345 cases of yellow fever, with a mortality of 19—at least one-half of whom had been previously drugged under the old system, and who came into our hands in doubtful, and 203 cases in hopeless conditions. This shows a loss of about 1 in 18—a success unparalleled in the annals of Allopathic medicine. Similar success has been met with in New Orleans, Rio Janeiro, the West Indies, and wherever pure Homœopathy has been used in the management of the disease. Deducting our list of patients and deaths (to the accuracy of which we have an abundance of witnesses), from the highest supposed number of cases, and the known number of deaths, the Allopathic physicians have had between 800 and 900 cases, and 280 deaths, indicating a mortality ranging from one-third to one-fourth, a result perfectly accordant with the workings of that practice in New Orleans.

The good friends of Homœopathy here have been rivetted to the system by triple bars of steel, and many of its bitterest opponents have been convicted and converted. Indeed, the whole Southwest has been roused to an appreciation of its merits, and its thorough adaptability to the most malignant Southern diseases. Its searching trial and triumphant success in Natchez is but a miniature picture of what is progressing more slowly throughout the civilized world. The whole history of Homœopathy, its scientific origin, its tardy reception, its gradual extension, its repeated trials, its constant triumphs—all evince that it is founded on the indestructible basis of truth.

Yours, sincerely,

WM. H. HOLCOMBE.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY AND THE HIGH DILUTIONS.

TO THE EDITOR OF THE PHILADELPHIA JOURNAL OF HOMŒOPATHY.

DEAR SIR:—By giving the following circular an insertion in your highly valuable Journal, you will confer a favor upon the committee, who have been appointed to prepare a report upon a subject they believe of great importance to the profession. It is to be hoped that our brethren in the different sections of the country will not be backward in forwarding to the committee the results of their experience on this subject, as this is the only means by which anything valuable can arise from our labors. These communications will be carefully collated and compared,

and the various facts presented so arranged as shall appear most conducive to the end we have in view, the advancement of Homœopathic science. We ask of those who have the light "Give us of your light." We trust our appeal will not be made in vain.

C I R C U L A R.

The undersigned have been appointed a Committee on the part of the Philadelphia Homœopathic Medical Society, to endeavor to obtain what information may be accessible in regard to the efficacy of high dilutions of Homœopathic remedies.

In addressing you on this subject, we would respectfully and earnestly solicit any information in your possession, arising from cases occurring in your practice, or coming under your personal observation, in which remedies, Homœopathically administered, have produced manifest and unmistakable medicinal effect, in dilutions above the 30th of Hahnemann. Also cases, if any, in which such remedies have been administered according to the law of similia, and no observable effects have followed, with the peculiar symptoms and temperament, or idiosyncrasies of each case, leading to the selection of the remedy or dilution used.

The Committee would respectfully suggest that you confine your statement to cases of undoubted character, or such as you would be willing to rely upon in your future practice, and that you give such a detail of each particular case as would be necessary to guide the young practitioner in the administration of the remedies, and most clearly to illustrate the Homœopathicity, as well as the curative efficacy of the remedies used.

Also, at what distance of time anterior to the administration of the high dilution, or to the disappearance of the symptom or group of symptoms for which it was given, other remedies or other dilutions of the same remedy had been given, which might have affected in a greater or less degree the symptom the high dilution was given to remove.

You will also be pleased to state particularly the dilution, mode of preparation, whether Jœhnichen or other high potency, manner of administration, frequency of repetition, and any other circumstance you may think necessary or important to a perfect understanding of the remedy, and its Homœopathic adaptation to the symptom or group of symptoms it is calculated to remove.

C. E. TOOTHAKER, M.D.,

J. R. COXE, JR., M.D.,

W. WILLIAMSON, M.D.,

PHILADELPHIA, May, 1853.

Committee.

(Answers to the above Circular can be addressed to the care of the Editor of the Philadelphia Journal of Homœopathy.—ED.)

PHILADELPHIA JOURNAL OF HOMŒOPATHY.

VOL. II. — NOVEMBER, 1853. — No. VIII.

ORIGINAL COMMUNICATIONS.

PROVINGS OF COBALTUM.

BY G. E. E. SPARHAWK, M.D.

PREPARATION OF COBALTUM.

COBALTUM is prepared for Homœopathic use from the Chloride of the Roso-Cobaltiak, reduced by Hydrogen, then submitted to a white heat to drive off the Ammonia, after which the Cobaltum is precipitated perfectly pure. It is then prepared by trituration, according to the Hahnemannian method.

TEMPERAMENTS OF THE PROVERS.

First prover, nervous.

Second prover, nervo-lymphatic.

Third prover, nervous-osseous-sanguine.

HISTORY OF THE PROVINGS OF COBALTUM.

First proving and first prover. G. E. E. S.

Nov. 4th, 1852, 10 P.M.—Took 1 gr. of 1st trituration.

Nov. 5th, 7 A.M.—1 gr.

Between 4 and 5, P.M., a general chilliness, with yawning; dul-

ness and weakness, with aversion to mental exercise; had to lie down.

Nov. 6, 7 A.M., 1 gr.

Soon after dinner hiccough set in, and continued without cessation till 6 P.M. After supper again renewed. Great vivacity and rapid flow of thought. 10 P.M., 1 gr.

At 11 P.M., another attack of hiccough, with shooting pain in the forehead till midnight; soreness in pit of stomach, caused by the constant hiccough.

Nov. 7th.—Aching pain in the small of the back, felt most when sitting; tired feeling in the legs; uncomfortable feeling in the throat, with pain on empty swallowing and gaping. Stool twice per day (before only once). Hiccough after dinner.

Nov. 8th.—Dull headache, especially in the forehead, with a feeling in the stomach as if it contained undigested food. Hawking and spitting of much thick, white mucus. Darting pain in the eyes, on coming to out-door light from a room (at 2½ P.M., bright sunshine). After dinner, severe pain in the small of the back, with aching pain in the knees, and below. Stool same as yesterday. Passed much smaller quantity of urine, but often, every two hours; had to rise in the night to urine; urine more yellow.

Second proving. G. E. E. S.

Nov. 11, 9 A.M.—1 gr., 2d trituration.

At 1 P.M., nausea at the stomach, with pain in the forehead. Not much desire for food; ate lightly at dinner. At 2 P.M., a feeling as if diarrhoea would come on, with rumbling in the bowels. 3 P.M., *large stool, soft, thin* (diarrhoeic), with much tenesmus, and severe colicky pain in the lower part of the abdomen during stool, as if the bowels would protrude, and aching pain in the sphincter ani; tenesmus after stool; feeling as if the head grew large during stool, with dizziness and weakness; belching of wind; pain in the sphincter and head continued for an hour after stool; pain in the eyes during the day and evening; fine dartings in the eyes when writing, with feeling, when opening the lids, as if little strings were holding them together and were snapping; restlessness, and go to sleep late; sleepless, with lewd dreams when sleeping (unusual). Awoke at 4 A.M., Nov. 12th, with pollution.

Nov. 12th.—Throat filled with mucus in the morning; nauseous flat taste in the morning; frequent passing of small quantities of light-colored urine; shooting pain in the eyes, on coming to the light from a room; trembling of the limbs, especially the legs; aching when sitting. 11 P.M., small, dry, hard, lumpy stool; pain in the top of the head when rising from a seat, with prickling pain in the stomach; more disposition to study.

Third proving. G. E. E. S.

Nov. 14th, 3 P.M.—1 powder of 30 potency.

Soon after, slight headache in a room, going off in open air. Profuse lachrymation in the open air, with water from the nose; great weariness of the limbs from walking; frequent desire to urinate; pain in the hollow tooth (first molar of the lower jaw, left side), with swelling of the gums, and great tenderness around it; worse from inhaling cold air; feels as if it would ulcerate.

Nov. 15th.—Headache all the forenoon; pain in the stomach after eating, especially after dinner, with pain in the abdomen, worse by pressure, and feeling of great uneasiness; had to move about, as if he could not keep still. Stool at 4 P.M., small, hard, having had none for two days; no appetite for supper; desire for study; pain in the small of the back when sitting, going off when rising and walking, or lying down; aching of the bones; intense itching of the left side of the nose internally, in the evening; number of painless pimples on the nose; great itching of the hairy scalp, and in the beard under the chin, with burning when scratching; frequent desire to swallow, with accumulation of water in the mouth.

10 P.M., 1 powder, 30. In half an hour, pricking in the roof of the mouth, as from a pin; in an hour, pain in the forehead, with pain in the back part of the eyes. Heat rising in the throat, as if from the stomach; pain in the same hollow tooth; aching of the knees, with itching of the skin on the external side; rising of sour water from the stomach; gulping up of sour, bitter water; much itching all over when getting warm in bed; pimples on the shoulders, pit of the stomach, and buttocks, which bleed easily when scratched. About 1 o'clock at night falls into a light sleep, with tossing about; jerks in the limbs when falling asleep; frequent waking with fright, could not tell for what; lewd dreams. Awoke

at 6 A.M. with lewd dreams and pollution, with pain in the end of the urethra.

Nov. 16th.—Severe pain in the forehead, soon after rising ; flat taste in the mouth, and rising of sour water, which has an acrid feeling in the throat ; water accumulates in the mouth, with frequent swallowing ; pain in the back on sitting down after rising ; headache all the forenoon ; incessant yawning ; paroxysms of pain in the hollow tooth ; severe pain in the stomach, as if from hunger, before dinner, which continues till dinner, and is partially relieved by eating. One hour after eating, pain in the umbilical region, worse from contracting the walls of the abdomen ; severe smarting pain in the eyes when writing, with almost loss of vision ; smarting pain on the inner side of the upper lids ; severe cutting colic before stool ; pressure towards the anus, increasing till stool ; soft diarrhœic stool, with tenesmus and colic ; burning in the rectum during stool, and continuing long afterwards ; burning in the urethra during micturition ; passes urine often and in small quantities.

10 P.M., 1 powder, 30. In an hour, pain came on in the stomach ; burning in the eyes, especially the upper lids.

Nov. 17th.—On rising in the morning, throat feels dry and sore on swallowing, feeling as if something dry had collected in it ; flat mucous taste in the mouth ; tongue coated white, with cracks across the middle ; pain in the forehead after rising ; pain and soreness of the hollow tooth, feels as if too long for a while, and then goes off again ; pain and smarting in the upper eyelids, as soon as he looks at anything steadily ; smarting in the end of the urethra during micturition, lasting but a short time after ; urine deep red, with flocculent red sediment after standing ; pain in the head, worse when bending forward, especially the occiput ; pain in the stomach came on one hour after rising, with headache ; pain between the shoulders, in the lumbar region, and small of the back ; nose feels dry and filled up with dry scales, with itching, especially of the left nostril ; lachrymation and pain in the eyes, when in the cold air ; weakness of the knees after a little exercise ; pain in the head especially the occiput at the middle of the day ; urine scanty and light-colored. At 6 P.M., severe pain in the small of the back with pain in the head.

10 P.M., 1 powder, 30. In an hour, rising of bitter water, with pain in the stomach, and afterwards dryness of the throat ; acc

mulation of water, with frequent swallowing: pains in the back and eyes return; lewd dreams and emissions; dreams of having the *back part* of the hair cut.

Nov. 18.—On rising, pain in the head and small of the back; flat taste; tongue coated white; nose feels as if obstructed with mucus; pain in the stomach, with colic in the abdomen, and a sensation as if diarrhœa would come on; much yawning all day; headache in the occiput; stinging pain in the roof of the mouth, extending through to the left ear; sensation as if something sticks in the throat, causing him to hawk, which makes it feel sore; sweet taste of mucus, with expectoration of thick, white, frothy mucus, with lumps in it; stitching of the left side of the nose at the angle, it burns on being scratched; pimples on the nates; great itching of the hairy scalp at night. At 10 P.M., stool small and hard, with sensation of scratching in the rectum; much itching on the shoulders; pimples bleed when scratched.

Nov. 19th.—Very thick white mucus on the tongue, with flat mucous taste; pain in the forehead, with sense of fulness at the stomach as if filled with air; smarting of the eyelids as soon as he begins to use them; incessant yawning; dull, aching pain in the head from 1 till 8 P.M., increasing till then, mostly in the forehead; pain in the eyes, when coming to the light; smarting pain in the left corner of the left eye, as from hot water; with severe pain in the top of the head; rising of bitter water in the mouth an hour after dinner; rising of hot bitter water in the afternoon; much saliva accumulates; sensation of fulness and hardness in the stomach, as if filled with wind; sediment of yellow red flocks in the urine, which are in little clots after two hours' standing.

Nov. 20th.—Stool at 9 A.M., natural but small in quantity; slight headache in the afternoon; pain in the stomach soon after dinner; headache, slight, continued for two days, in the morning till 10 o'clock, and then again in the afternoon.

Nov. 23d.—In the evening after supper, sour stomach, headache, as if it would burst; had to lie down; 11 P.M., increases in severity; an hour after watery diarrhœa with tenesmus; sour taste with nausea, remained till sleep (5).

Nov. 24th.—Awoke at 5 A.M., with colic: then watery stool, with tenesmus; headache in the morning, with beating, and sore aching all over; aching of the knees and lower extremities; backache worse all the morning; when stepping, sensation as if the

brain went up and down; backache, as if he could not straighten himself; every jar, the top of the head feels as if it would come off.

Nov. 25th.—Morning at 4 o'clock; colic pain; better after a watery stool; having had no passage for two days.

Fourth proving, G. E. E. S.

Dec. 1st, 10 P.M.—1 powder, 50; in an hour severe colic in the lower part of the abdomen; went to sleep, and slept well.

Dec. 2d.—Headache in the occiput, in the morning, worse in the open air; continuing till 3 P.M.; severe pain in the small of the back, worse when sitting.

Dec. 3d.—Aching pain in the left ear; pain in the small of the back, worse when sitting, better when lying down; increased desire for study; stools at 9 A.M. and 9 P.M., former small and hard, the latter small, soft, painless; 11 P.M., 1 powder, 50

Dec. 4th.—Sleep unrefreshing; headache in the morning when rising; bad mucous taste in mouth; throat filled with white mucus; tongue white; during the morning, pain in the left temple, with feeling of languor and nausea at the stomach, with constant desire for stool, and feeling as if diarrhœa would set in, but did not; weakness of the body, especially the limbs, and feeling of emptiness in the abdomen, at the umbilicus; aching pain in the left ear (like slight humming); putrid sickish smell before the nose; constant secretion of water in the mouth and swallowing; scanty urine, which after standing has a greasy pellicle on it; pain as from fullness in the abdomen, soon after light dinner; pressing in the rectum; stool at 4 P.M., small with tenesmus; pain in the abdomen in the evening and at night; no appetite for supper (ate none).

Dec. 5th, 12½ A.M.—1 powder, 50. Sleep disturbed; emissions without erections; lewd dreams; throat dry and sore, feeling as if raw; tongue covered with a *thick white coat*; headache in the occiput, coming on at noon; urine frequent and scanty, flocculent sediment, *and strong pungent smell*; stool scanty and hard at 3 P.M.; no appetite for supper. At 10 P.M., severe pain in small of the back, partially relieved by lying down, not by standing; aching pain in the eyes when writing; itching of the left side of the nose. 10½ P.M. 1 powder, 50; in an hour severe pain in the temples; pain in the back worse; pain in hollow tooth, which feels

too long, sensitive to the touch; frequent sighing; peeling of the lips and soreness, which bleed easily.

Dec. 6th.—Awoke at 6½ A.M., with feeling *wide awake* (earlier than usual); chilly from 11 to 12; headache at 12, with nausea and languor; fever and sweat from 12 to 2; drawing pain in the left submaxillary gland; excessive weakness of the knees, as if would not support me; no appetite; urine scanty, and greasy pellicle on it; frequent yawning; stool at 4½ P.M., soft, with stinging pain, during and after for some time; pain and soreness of the hollow tooth, feels too long; pain in the abdomen, low down, in the evening; aching in both legs, half way between the thighs and knees, on the front side (in muscles); pressure in the stomach, as if from wind; loud rumbling in the bowels.

Dec. 7.—Sleep with many dreams; dry throat when rising; great exhilaration of spirits during the day; much rising of wind from the stomach; smarting pain in the eyelids, in the evening; pimples on the back of the left ear, near the top; sore pimples in the edge of the hair on the back of the head, very sore like a boil; stool, small and hard.

Dec. 8th.—Soreness of the throat when hawking, as if raw; pain in the forehead, worse from stooping; pain in the stomach after a meal; copious expectoration of frothy white mucus with lumps in it, about 9 A.M.; feeling in the left side above the spleen as if it would drop down, when walking worse, disappears when sitting still; much yawning; pain in the stomach and abdomen; weakness of the knees after exercise; stool at 4¾ P.M., with cutting pain in the abdomen before stool, and pressing in the rectum; rumbling in the bowels; colic during stool; aching beating pain in the left ear, in the evening.

Dec. 9th.—Emissions with partial erections during sleep; sleep disturbed by dreams; awake with feeling of wide awake; pain in the occiput in the morning; profuse expectoration in the morning, of white mucus, with little bubbles of air in it, worse in the open air; great vivacity; sore raw feeling in the throat when hawking; position in sleep, bends his head down on the left arm, and sleeps on left side, while ordinarily on the right side; languor in the evening with aching of the knees; trembling of the limbs; small hard stool; scanty urine.

Dec. 10th.—Difficulty in going to sleep; sleep disturbed by

lewd dreams, and frequent, (3) copious emissions with partial erections; sore on the left side of the mouth opposite the stomach tooth; pain in the left groin, and small of the back; aching pain in the left ear in the evening; smarting in the eyelids; pain in the forehead.

Dec. 11th.—Coughing with soreness of the throat, and rawness when hawking; greasy pellicle on the urine; humming in the left ear.

Dec. 12th.—Soreness of the throat when hawking; greasy pellicle on urine.

Dec. 13th.—Sleep disturbed by lewd dreams; emissions without erections; sore throat in the morning when hawking; eyes smart in the light; greasy pellicle on the urine, with yellow flocculent sediment; pain in the stomach after a light meal; aching pain in the left ear.

Dec. 14th.—Sleep disturbed by dreams; emissions without erections; pain in the throat when hawking; expectoration of mucus in the morning, worse in the open air; yellow-brown spots on the lower part of the abdomen, about the genitals.

Dec. 17th.—Severe pain in the small of the back in the evening.

Second prover. S. J.

Nov. 4th.—1 gr., 1 trit., at 10 P.M.

Nov. 5th.—1 gr., 1 trit., at 7 A.M. In three hours severe pain in right testicle, continuing a few moments; better after passing urine. Dull headache all day from waking in the morning; worse in a room. Occasional deep stitches in the lower part of the chest, mostly on the left side, on taking a deep inspiration. Feeling as of a cold in the head; pain in the head; thin discharge from the nose, and occasional sneezing.

Nov. 5th, 10 P.M., and Nov. 6th, 7 A.M., 1 gr.

Symptoms of a cold continue. The eyes, which were previously weak, and the lids red and tender, are much aggravated, with a sensation as if sand was under the lid; a good deal of burning in the lids, and some pain in the ball; worse in the open air; lids smooth, forming scales on the upper lid; eyes dry; an indefinite pain on either side of the dorsal spines, similar to that felt in the chest when it is said "the food has lodged;" hawking and spitting of mucus in the morning, first of lumps and then thinner; con-

demned, mean feeling, as though guilty of some bad deed of which others knew,—as if he could not look any one in the face; sleep much disturbed by dreams, not vivid or remembered, but making the sleep unrefreshing, causing headache, which lasted all day; weak, weary feeling in the whole body, especially the limbs.

Nov. 6th, 10 P.M., and Nov. 7th, A.M.—1 gr.

Sleep disturbed by dreams; headache on waking, and during the day; hawking of lumpy mucus in the morning; condemned feeling at times during the day; pain in the eyes as before; weakness and weariness of the limbs.

Nov. 8th.—Pains in the eyes continue. A small boil comes out on the right forearm, on which, three weeks previous, there had been several.

Nov. 9th.—Pains in the eyes continue; sensation as if something was under the upper lid obliging him to rub it; urinates often, and of smaller quantity; appetite somewhat diminished.

Third prover, first proving. A. L.

Nov. 4th, 5 P.M.—2 gr., 1 trit., in 2 oz. of water.

In the evening, at 10 o'clock, while walking home, urgent desire for stool, with slight cutting in the abdomen; desire worse when standing still. A profuse stool, watery, spouting; in an hour another stool.

Nov. 5th.—After drinking more coffee (earlier than usual) all the forenoon, constant desire to urinate every twenty minutes, with discharge of much pale urine; continues for *five* days, always worse in the forenoon.

Nov. 10th.—Stool has now become more natural, and becomes in a few days quite hard and natural, which has not been the case for *three* years. During all that time a strange, but not unpleasant sensation, in the bowels, as after diarrhoea.

Second proving.

Nov. 19th.—2 gr., 2d trit.

Much more inclination to study; wakefulness; can do with less sleep. In 10 days a boil begins on right side of the chin and suppurates.

COBALTUM.

General Symptoms.

1. Aching in the bones.

Languor in the evening, with aching of the knees.

Weakness of body, especially the limbs, and feeling of emptiness in the abdomen at the umbilicus. Comp. 186, 134.

Weak, weary feeling in the whole body, especially the limbs.

5. Trembling of the limbs.

Skin.

Much itching all over when getting warm in bed. 30th. G. E. E. S.

Pimples on the shoulders, pit of the stomach, and buttocks, which bleed easily when scratched. 30th. G. E. E. S.

Much itching of the shoulders. 30th. G. E. E. S.

Large boil on the right side of the chin which suppurates. 10th. day,—2d. A. L.

Sleep.

10. Restlessness, and go to sleep late. 1st day, 2d. G. E. E. S.

Light sleep, with tossing about. Soon after 30th. G. E. E. S.

Sleep unrefreshing; disturbed by dreams. Comp. 164.

Sleep, with many dreams.

Sleepless, with lewd dreams when sleeping. Comp. 165.

15. *Jerks* in the limbs when *falling asleep*. 30th. G. E. E. S.

Dreams of having the back part of the hair cut. Same night, 30th. G. E. E. S.

Lewd dreams. Comp. 162.

Sleep much disturbed by dreams, not vivid or remembered, but making the sleep unrefreshing, and causing headache, which lasted all day. 1st. S. J.

Frequent waking with fright; could not tell for what. 30th. G. E. E. S.

20. Awoke earlier than usual, with *feeling wide awake*. 50th. G. E. E. S.

Wakefulness; can do with less sleep. 2d. A. L.

Position during sleep. Bends his head down on the left arm, and sleeps on the left side, while ordinarily he sleeps on the right. 50th. G. E. E. S.

Incessant yawning. 30th. G. E. E. S.

Fever.

Between 4 and 5 P.M. a general chilliness with yawning; feeling of dulness and weakness, with aversion to mental exercise; had to lie down. 2d day, 1. G. E. E. S.

25. Chilly from 11 to 12, A.M.; from 12 to 2, P.M., rather hot; languor, nausea, and sweat, with headache, and drawing pain in the left submaxillary gland. Took dose of 50th, 10 P.M., evening previous. G. E. E. S.

Mental.

Great vivacity, and rapid flow of thoughts. 1st day, 1st. G. E. E. S.

Great exhilaration of spirits during the day. 50th. G. E. E. S.

Increased disposition to study. 2d. A. L. 2d, 30th, and 50th. G. E. E. S.

Condemned, mean feeling, as though guilty of some bad deed of which others knew; as if he could not look any one in the face. After the fourth dose, 6 A.M., same day, 1st. S. J.

Head and Scalp.

30. Slight headache in a room, going off in the open air. Soon 30th. G. E. E. S.

Dull headache all day from waking in the morning; worse in a room. 1st day, 1st. S. J.

Dull headache, especially in the forehead, with a feeling in the stomach, as if it contained undigested food. 2d day, 1st. G. E. E. S.

Pain in the forehead, with pain in the back part of the eyes. 1 hour after 30th. G. E. E. S.

Severe pain in the forehead soon after rising (in morning). Having taken, evening before, 30th. G. E. E. S.

35. Pain in the forehead, with sense of fulness at the stomach as if filled with air. Evening, previous dose, 30th. G. E. E. S.

Pain in the top of the head, when rising from a seat, with prickling pain in the stomach. 2d day, 2d. G. E. E. S.

Pain in the forehead; worse from stooping. 3d day, 50th. G. E. E. S.

Severe pain in the temples. 1 hour, 50th. G. E. E. S.

During the morning, pain in the left temple, with feeling of languor and nausea at the stomach, with constant desire for a stool,

and feeling as if diarrhoea would set in but did not. 3d day, 50th. G. E. E. S.

40. Pain in the head, worse when bending forward, especially in the occiput. 1st day, 30th. G. E. E. S.

Pain in the head, especially the occiput, at the middle of the day. Dose, evening previous, of 30th. G. E. E. S. Same from 50th.

Pain in the head, with severe pain in the small of the back at 6 P.M. 1 day, 30th. G. E. E. S.

Headache in the occiput in the morning, worse in the open air, lasting till 3 P.M. Evening previous, 50th. G. E. E. S.

Headache in the morning, with beating and sore aching all over, especially in the knees and lower extremities. 6th day, 30th. G. E. E. S.

45. Headache all the forenoon. Evening previous, 30th. G. E. E. S.

Headache, morning and afternoon, for two days, continuing in the morning till 10 o'clock. 3d day, 30th. G. E. E. S.

When stepping, sensation as if the brain went up and down (in evening). 6th day, 30th. G. E. E. S.

At every jar feels as if the top of the head would come off (at 11 P.M.). 6th day, 30th. G. E. E. S.

Feeling as of a cold in the head, with some pain, and thin discharge from the nose, and occasional sneezing. 2d day, 1st. S. J.

50. Great itching of the hairy scalp, with burning when scratching, and in the beard under the chin (in evening). 1 day, 30th. G. E. E. S.

Sore pimples in the edge of the hair on the back of the head; very sore, like a boil. 2d day, 50th. G. E. E. S.

Eyes.

Aggravation of the previously weak eyes, with a sensation as if sand were under the lid. 2d day, 1st. S. J.

Lids smooth, forming scales on the upper lids. 2d day, 1st. J. S.

Smarting pain in the eyelids in the evening. 6th day, 50th. G. E. E. S.

55. Pain and smarting in the upper lids as soon as he looks at anything steadily. 2d day, 30th. G. E. E. S.

Burning in the eyes, especially the upper lids. 1 hour after 30th. G. E. E. S.

Burning of the lids, and some pain in the ball; worse in the open air. 2d day, 1st. S. J.

Smarting pain (severe) in the eyes when writing, with almost loss of vision. 1st day, 30th. G. E. E. S.

Smarting pain in the left corner of the left eye as from hot water, with severe pain in the top of the head. 1st day, 30th. G. E. E. S.

60. Darting pain in the eyes (balls) on coming to the out door light from a room. 2d, 1st, and 2d. G. E. E. S.

Aching pain in the eyes when writing. 1st day, 50th. G. E. E. S.

Pain in the eyes during the day and evening. 1st day, 2d. G. E. E. S.

Fine dartings in the eyes when writing, with feeling when opening the lids as if little strings were holding them together and were snapping. 1st day, 2d. G. E. E. S.

Profuse lachrymation in the open air, with water from the nose. In few hours from 30th. G. E. E. S.

65. Lachrymation and pain in the eyes in the cold air. 1st day, 30th. G. E. E. S.

Ears.

Aching pain in the left ear. 2d and 8th day, 50th. G. E. E. S.

Aching pain in the left ear, like slight humming. 4th day, 30th. G. E. E. S.

Aching, beating pain in the left ear in the evening. 3d day, 30th. G. E. E. S.

Humming in the left ear. 7th day, 50th. G. E. E. S.

70. Pimples on the back of the left ear, near the top (painless). 2d day, 50th. G. E. E. S.

Nose.

Itching of the left side of the nose, at the *angle* (or junction with the cheek), burns when rubbed or scratched. 1st day, 30th. G. E. E. S.

Intense itching of the left side of the nose internally, in the evening. 2d day, 30th. G. E. E. S.

Nose feels dry, and filled up with dry scales, with itching, especially of the left nostril. 1st day, 30th. G. E. E. S.

Nose feels as if obstructed with mucus. Morning after, 30th. G. E. E. S.

75. Thin discharge from the nose, and occasional sneezing. Comp. 1st day, 1st. S. J.

Putrid, sickish smell before the nose. 4th day, 50th. G. E. E. S.

A number of painless pimples on the nose. 2d day, 30th. G. E. E. S.

Face.

Itching of the beard under the chin, with burning when scratching. 2d day, 30th. G. E. E. S. Comp.

Peeling of the lips and soreness, which bleed easily. 50th. G. E. E. S.

Teeth.

80. Pain in the hollow tooth (first molar of the lower jaw, left side), with swelling of the gums, and great tenderness around it, aggravated by cold air; feels as if it would ulcerate. Few hours after, 30th. G. E. E. S.

Paroxysms of pain in the same hollow tooth. 30th. G. E. E. S.

Pain and soreness of the hollow tooth; feels as if too long. 30th and 50th. G. E. E. S.

Mouth.

Frequent desire to swallow, with accumulation of water in the mouth. 1st day, 30th. G. E. E. S. Also 30th.

Pricking in the roof of the mouth, as from a pin. Half hour, 30th. G. E. E. S.

85. Stinging pain in the mouth, extending through to the left ear. 1st day, 30th. G. E. E. S.

Sore on the left side of the mouth, opposite the stomach tooth. 5th day, 50th. G. E. E. S.

Tongue coated white, with cracks across the middle. Morning after, 30th. G. E. E. S.

Tongue covered with a *thick white coat*. Morning after, 50th. G. E. E. S.

Very thick white coating on the tongue, with flat, mucous taste. 30th. G. E. E. S.

Throat.

90. Uncomfortable feeling in the throat, with pain; an empty swallowing and gaping. 1st day, 1st. G. E. E. S.

Throat feels dry and sore in the morning, as if something dry had collected in it. Morning after, 30th. G. E. E. S.

Sensation as if something sticks in the throat, causing him to hawk, which makes it feel sore. 1st day, 30th. G. E. E. S.

Throat dry and sore, and feels as if raw; soreness when hawking, as if raw; dry when rising (in morning). 50th. G. E. E. S.

Throat filled with mucus in the morning. 2d day, 2d. G. E. E. S.

95. Heat rising in the throat, as if from the stomach. Soon after 30th. G. E. E. S.

Appetite and Taste.

Not much desire for food; diminished appetite. 2d. G. E. E. S., S. J.

No appetite. 50th. G. E. E. S.

Flat mucous taste in the mouth. 30th. G. E. E. S. 50th.

Sour taste, with nausea, at night. 30th. G. E. E. S.

Gastric Symptoms.

100. Soon after dinner hiccough set in (2½ P.M.), and continued uninterruptedly till 6 P.M.; renewed after supper. 7 hours, 1st. G. E. E. S.

Hiccough, with shooting pain in the forehead. 1st hour, 1st. G. E. E. S.

Belching of wind during stool. In few hours, 2d. G. E. E. S.

Much rising of wind from the stomach. 2d day, 50th. G. E. E. S.

Rising of sour water from the stomach (in short time after), gulping up of *sour, bitter* water. Soon after, 30th. G. E. E. S.

105. Flat taste in the mouth, and rising of sour water, which has an acrid feeling in the throat. Morning after, 30th. G. E. E. S.

Rising of bitter water, with pain in the stomach, and afterwards dryness of the throat. 1st hour, 30th. G. E. E. S.

Rising of bitter water in the mouth an hour after dinner. 30th. G. E. E. S.

Rising of hot, bitter water in the afternoon. 2d day, 30th. G. E. E. S.

Stomach.

Soreness in the pit of the stomach (caused by hiccough). 1st day, 1st. G. E. E. S.

110. Pain in the stomach after eating, especially after dinner, with pain in the abdomen, worse by pressure, with feeling of great

uneasiness; had to move about as if could not keep still. 1st day, 30th. G. E. E. S.

Severe pain in the stomach, as if from hunger, partially relieved by eating. 1st day, 30th. G. E. E. S.

Pain in the stomach. 1st hour, 30th. G. E. E. S.

Pain in the stomach came on half an hour after rising, with headache. Morning after, 30th. G. E. E. S.

Pain in the stomach, with colic in the abdomen, and sensation as if diarrhœa would come on. 30th. G. E. E. S.

115. Sour stomach in the evening after supper, with headache as if it would burst; had to lie down. 6th day, 30th. G. E. E. S.

Sensation of fulness and hardness in the stomach, as if filled with wind. 3d day, 30th. G. E. E. S. Comp. 35.

Pressure in the stomach, as if from wind. 2d day, 50th. G. E. E. S.

Feeling of languor and nausea at the stomach. Comp. 39.

Feeling in the stomach as if it contained undigested food. Comp. 32.

120. Nausea at the stomach, with pain in the forehead. 2d. G. E. E. S.

Hypochondria.

Feeling in the left side about the spleen, as if it would drop down, worse when walking, disappears when sitting still. 3d day, 50th. G. E. E. S.

Abdomen.

Feeling as if diarrhœa would come on, with rumbling in the bowels. 1st day, 2d. G. E. E. S.

Pain in the abdomen, worse by pressure. Comp. 110.

Pain in the umbilical region, worse from contracting the walls of the abdomen. 30th. G. E. E. S.

125. Pain, as from fulness in the abdomen, soon after dinner. 4th day, 50th. G. E. E. S.

Pain in the abdomen in the evening, and at night. 50th. G. E. E. S.

Loud rumbling in the bowels. 3d day, 50th. G. E. E. S.

Colic in the abdomen. Comp. 114.

Severe colicky pains in the abdomen (lower part) during stool. Comp. 138.

130. Slight cutting in the abdomen. Comp. 146.

Cutting pain in the abdomen, before stool. Comp. 147.

Colic pain better after a watery stool. Comp. 143.

Severe colic in the lower part of the abdomen. 1 hour, 50th.

G. E. E. S.

Feeling of emptiness in the abdomen at the umbilicus. Comp. 186.

135. Strange, but not unpleasant sensation in the bowels, as after diarrhoea. 6th day, 2d. A. S.

Yellow-brown spots on the lower part of the abdomen, about the genitals. 12th day, 50th. G. E. E. S.

Stool and Anus.

Stool twice a day (before only once). 1st day, 1st. G. E. E. S.

Large stool, *soft, thin* (diarrhoeic) with *much tenesmus*, and *severe colicky* pain in the lower part of the abdomen during stool, as if the bowels would protrude, and aching pain in the sphincter ani. 3 P.M., few hours, 2d. G. E. E. S.

Small, dry, hard, lumpy stool. 2d, 50th. G. E. E. S.

140. Small, hard stool, after two days without a passage. 30th. G. E. E. S.

Soft diarrhoeic stool, with colic and tenesmus. 2d day, 30th. G. E. E. S.

Watery diarrhoea, with tenesmus. 30th. G. E. E. S.

Morning at 4, colic pain better after a watery stool, having had no passage for two days. 30th. G. E. E. S.

Burning in the rectum during stool, and continuing long afterwards. 30th. G. E. E. S.

145. Pain in the sphincter and head, which continued an hour after stool. 2d. G. E. E. S.

In the evening, 10 P.M., while walking home, urgent desire for stool, with slight cutting in the abdomen; desire worse when standing still; a profuse stool, watery spouting; in an hour another stool. 5 hours, 1st. A. S.

Cutting pain in the abdomen before stool, and pressing in the rectum. 3d day, 50th. G. E. E. S.

Soft stool, with stinging pain during and after passage, for some time. 1st day, 50th. G. E. E. S.

Stool small and hard, with sensation of scratching in the rectum. 2d day, 30th. G. E. E. S.

150. Constant desire for stool. Comp. 39.

Tenesmus after stool. 2d. G. E. E. S.

After a few days, the stool becomes quite hard and natural, which has not been the case for three years. 10th day, 1st. A. S.

Urine.

Passed a much smaller quantity of urine, but often, every two hours; had to rise in the night to urine; urine more yellow. 1st. G. E. E. S.

Frequent and smaller quantities of light-colored urine. 2d. G. E. E. S.

155. Burning in the urethra during micturition. 2d day, 30. G. E. E. S.

Smarting in the urethra during micturition, lasting but a short time after; urine deep red, with flocculent red sediment after standing. 30th. G. E. E. S.

The sediment collects in little clots after two hours' standing; scanty urine, which after standing has a greasy pellicle on it. 4th day, 50th. G. E. E. S.

Strong, pungent smell of urine. Comp. 154.

160. Desire to urine every 20 minutes, with discharge of much pale urine; continues for five days, worse always in the morning. 5th day, 1st. A. S.

Male Genital Organs.

Pollution waking him from sleep at 4 A.M. 2d day, 1st. G. E. E. S.

Awoke at 6 A.M., with lewd dreams and pollution, with pain in the end of the urethra. 8th hour, 30th. G. E. E. S.

Nocturnal emissions, with lewd dreams. Comp. 17.

Sleep disturbed; *emissions without erections.* Few hours after, 50th. G. E. E. S.

165. Sleep disturbed by lewd dreams, and frequent (three in a night), copious emissions, with partial erections. 6th day, 50th. G. E. E. S.

Severe pain in the right testicle, continuing a few moments, better after passing urine. 3 hours, 1st. S. J.

Larynx and Chest.

Sweet taste of mucus, with expectoration of thick, white, frothy mucus, with lumps in it (in morning). 30th. G. E. E. S. 50th.

Profuse expectoration in the morning, of white mucus with little bubbles of air in it, worse in the open air. 50th. G. E. E. S.

Coughing with soreness of the throat and rawness, when hawking. 6th day, 50th. G. E. E. S.

170. Occasional deep stitches in the lower part of the chest, mostly on the left side, on taking a deep inspiration. 2d day, 1st. S. J.

Hawking and spitting of mucus in the morning, first of lumps and then thinner. 3d day, 1st. S. J.

Back.

Aching pain in the small of the back, worse when sitting. 1st and 30th. G. E. E. S.

After dinner (2½ P.M.) aching pain in the small of the back, with aching pain in the knees and below. 2d day, 1st. G. E. E. S.

Pain in the small of the back when sitting, relieved by rising and walking, or lying down. 1st day, 30th. G. E. E. S.

175. Severe pain in the small of the back at 6 P.M. Comp. 42.

At 10 P.M., severe pain in the small of the back, partially relieved by lying down, not by standing. 1st day, 50th. G. E. E. S.

Backache, as if he could not straighten himself. 30th. G. E. E. S.

Pain between the shoulders, in the lumbar region, and small of the back. 2d day, 30th. G. E. E. S.

Pain in the left groin and small of the back. 5th day, 50th. G. E. E. S.

180. An indefinite pain on either side of the dorsal spines, similar to that felt in the chest, when it is said the "food has lodged." 2d day, 1st. S. J.

Arms and Legs.

A small boil comes out on the right forearm, where he had had several *three* weeks previous. 1st. S. J.

Tired feeling in the legs. 1st day, 1st. G. E. E. S.

Trembling of the limbs especially the legs, aching when sitting. 2d day, 2d. G. E. E. S.

Great weariness of the limbs, from walking. 31st. G. E. E. S.

185. Excessive weakness of the knees, as if they would not support me. 50th. G. E. E. S.

Weakness of body, especially the limbs, and a feeling of emptiness in the abdomen at the umbilicus. 4th day, 50th. G. E. E. S.

Sore aching all over, especially the knees and lower extremities. Comp. 44.

Aching pain in the knees and below. Comp. 173.

Aching of the knees, with itching of the skin on the external side. 30th. G. E. E. S.

190. Aching in both legs, half way between the thighs and knees on the front side. 2d day, 50th. G. E. E. S.

Weakness of the knees after exercise. 30th and 50th. G. E. E. S.

Weakness and weariness of the limbs. 1st. S. J.

The characteristic action seems to be on the left side from the present provings.

THE LAWS THAT GOVERN THE PHYSICAL MAN.

BY. A. E. SMALL, M.D.

THE subject presented to our view is the living human body,—a unit composed of an indefinite variety of parts, or organs. It is for us to decipher, as far as we can, the complex character of this unit. The ancients denominated it a microcosm, or little world, because within it appears to centre the whole scope of human knowledge,—a complete epitome of creation. To learn all its parts and powers may not come within the scope of the human mind, because it may be said in truth to be a transcript of the Divine mind, setting forth the height and the depth of Infinite wisdom, as imaged forth in the whole created universe. But it is within our province to take a cursory survey of this microcosm,—this book of human nature; we may glance over its lettering so as to be able to form some idea of the practical lessons and inferences it is capable of imparting.

That a knowledge of the processes constantly carried on within the human body when in health is essential, as a means of arriving at satisfactory conclusions concerning any deviations that may be induced by disease, admits of no discussion; but this is but a

limited measure of the benefits to be derived from this source. The human body, being an epitome of the *homo maximus*, furnishes an unerring revelation of the laws of animal and human life. It is but the corporation of the greatest variety of distinct powers harmonizing in the production of a unit.

The human body, when in health, provided the mind is sound, presents nothing to our unreflecting consciousness of the diversity of the operations going on within it. "Variety in unity" may be regarded as the primary and absolute law of our being. Let us inquire for a disclosure of this law of life, that we may be able, in some measure, to comprehend the reason why such an infinite variety of organs are so happily blended in a single embodiment of power; why man, with his head, trunk, and extremities, moving in all the activities of life, should be unconscious of the varied operations sustaining and upholding his own organization; why he surveys the brightness of the morning, and counts the brilliant display of objects by which he is surrounded, and contemplates the glorious orb of day, and watches the distinctness of the lengthening shadows as its brightness sinks beneath the hills: why he gazes with reverence and awe at the sparkling mysteries of night, and is wonder-struck with the idea of multitude from every point that meets his eye, while, at the same time, himself, more diversified in his own structure, and the embodiment of a multitude altogether surpassing in number and variety everything surveyed by his vision, should be, as it were, a single unit. There is a reason for this, and in attempting to unravel it, we may be gifted with the privilege of perusing a pleasing revelation of physiological truth,—a revelation from which we are to derive all our knowledge of human physiology, and the laws that govern the physical man.

It being true that man, in a state of health, as to mind and body, realizes nothing, only as he is taught, but the unity of his being, it follows that a state of disease may violate this delightful impression, and introduce to his consciousness a painful sensation of multitude. When some disturbing influence interrupts the concurrent activity of the various organs, they become antagonistic and numerous. It is only when the vital forces are deranged that man becomes conscious that he is made up of distinct integral parts,—of bones, muscles, and nerves,—of heart, lungs, stomach, and intestines,—of liver, kidneys, &c. Interrupt his vision, and he counts

his eyes; maim his extremities, and he counts his fingers and toes; obstruct his respiration, and he numbers all the organs involved; and the reason is, the unobscured impression of his unity is withdrawn, in consequence of some flagrant violation of a single law, that determines the unity of our being.

The law which should govern the activity of all the organs of which the body is composed is a unit; and it is in the contemplation of this single law, that we are to learn the reason why the body, when in health, is a unit.

The science of anatomy reveals in general that the brain and spinal cord constitute the main centres from whence the whole body derives all its nervous force; that the heart is the centre from whence the blood is made to circulate throughout the whole organism; that the series of organs embraced in the alimentary canal form the great centre of digestion, from whence the nourishment for the whole system is supplied. In the operations of these principal central organs, we may see the outstanding lettering, of the law of life and health. It will be seen, first, that the nervous centres generate nervous force for the whole body, reserving nothing of their own production for themselves; and, what is worthy of remark, nothing of their own peculiar product is appropriated for their own use, except what is derived from the stores common to the whole body. It will also be seen that the heart pours forth into its arteries every drop of the vital fluid which is to lay open its bosom to supply the necessities of the kingdom, and derives its own supply from what is conveyed to it through the coronary arteries from the common stock. The labor of the alimentary canal, it will be perceived, is performed in accordance with the same law; its labor is for the whole body, and its own supply of the nourishment which it prepares is furnished from that which the whole organism is nourished.

What is true of the more prominent organs is also true of those less prominent, even to the least. The law is universal. The eyes see for the whole body; the ear hears for the whole body; the tongue tastes for the whole body; the skin, the kidneys, the liver, the pancreas, and the spleen, each performs its respective office, and furnishes its own peculiar production, and in requisite proportion, for the common good of the whole. Thus, we see manifested, in the clearest light, the most important physiological law with

regard to health and life, to wit, "That every organ, and every part and particle of which the human body is composed must perform its office, and furnish its own distinctive product for the common good, and derive, in return, whatever it needs from the common stores." All must labor, and all must furnish in

"Exact proportion to the state,
Nothing to add, and nothing to abate."

When all the apparatus and organs from the lowest to the highest, from the greatest to the the least, derive their vigor and life, in accordance with this single law the product is a unit, and the physical man is in health, a perfect manifestation of the human form. It will now be perceived that nature is true to herself in the organization of the human body; she seemingly desired the production of a unit, as the highest perfection of earth that would portray to the human mind the express image of the Creator and his works; and throughout the entire domain of the human organism, she recognises but one law of life by which, and through which the perfection of the human form can be maintained.

By taking the reverse view of this matter, we may be impressed still more strongly with the truth of the proposition. Were any part of the body to perform its function exclusively for itself, the perfection of the whole would cease. Were the brain to retain the nervous force, which its fibrous and vesicular structures is designed to produce for the whole body, all the inferior and subordinate parts would be stricken with disease. Were the heart to hoard up its treasure, or any part thereof, for its own exclusive use, its own hypertrophy would be the consequence, at the expense of all the rest of the body. Were the stomach to regard itself only, it might grow like the bladder-worm, until the human form was made to verge into a monstrosity. So with any other single or associate organ of the body, in the same ratio that it disregards the universal law of the organism, the human form would become obscured, and its beauty and symmetry would yield to monstrous formations. It is, therefore, evident that the perfection of the human form depends upon the strict observance of that law which requires all the distinct organs and organized parts, from the simplest cell up to their most important aggregations, even to the viscus of the

cranium and viscera of the thorax and abdomen, to labor for the common good.

To survey the harmonious arrangement of the functions and processes of health and life is a privilege to be sought after, because of the amount of real satisfaction to be gained. No ephemeral display of greatness, even if enriched with the most profligate expenditure of silver and gold, and bearing all the impress of royal pageantry, such as graced the inauguration of the Egyptian King, Ptolemy, can long excite an interest in the beholder, because there is no embodiment of harmony to instil therefrom its music into the soul, to fire it with delight, or even to elevate its contemplations above the merest rubbish of earth. But an insight into the diversity and unity of the human body, prompts to admiration that sinks deep into the fountain of life. A view is presented that eclipses the brightest and most magnificent devices of human art, and an interest is awakened that gradually calls into requisition all the faculties, emotions, and powers of the mind. Such a view does not satiate, only for repose, that the fires of inspiration may be kindled afresh at each successive unfolding of new beauties, exquisite and concordant, as written in the book of human nature.

When we contemplate the human body as a society composed of an almost countless number of members, each striving for the common good, we are in some measure able to comprehend the nature of the fraternal relation and sympathy that must, from the very nature of the case, exist in the organism.

When the office of any single organ is interrupted or lost, the common good requires that the injury should be repaired, and the concurrent effort of all the other organs is to restore the lost function. The society of members in the human body is so well balanced that no one of them, when disabled, can fail of receiving the aid of the rest to enable it to discharge its function. If its power be entirely lost, so that it cannot be made to labor in harmony with the rest, provision will be made for the discharge of the function through the aid of other organs. For instance, if some of the principal channels of the circulation become closed or obliterated, the smaller collateral vessels, with a seeming consciousness of the increase of labor required of them, begin to increase their calibre, so as to be able to transmit a quantity of blood equal to the demand upon them. If the main artery, that transmits the

blood to the forearm and hand, should be closed or obliterated in the region of the humerus, though the arm and hand may be temporarily impaired, they would ultimately recover their normal strength and activity through the enlarged capacity of the smaller collateral arteries. It is a fact well known to the surgeon, that in the amputation of a limb, the peripheral connexion between the arteries and veins becomes nearly destroyed, and the vessels anastomosing with the arteries in the new extremity are hardly competent to receive and return a sufficient amount of blood to sustain the part, and in this event the neighboring veins, with a wonderful aptness and economy, send forth branches to inosculate with the arteries, so as to form a new channel for the circulation. There is something¹ truly wonderful and surpassingly beautiful in this emulous effort of the vessels to restore unity and to promote the common good.

There are instances on record of the exhalent vessels superinducing upon their legitimate function new offices, for the purpose of obviating, as far as possible, organic derangements. New joints have been formed to compensate, in a measure, for the irreparable loss of those belonging to the normal condition of the body. Several years ago there was exhibited at Harvard University a case where the shoulder-joint had been luxated, and without having been reduced, remained so during life; but to remedy, as nearly as possible, the malformation, the neighboring organs, by the assumption of additional duties, had formed a new joint. An osseous formation, extending obliquely from the margin of the cavity from which the head of the humerus had been forced to meet the head of the displaced bone, become fashioned into a cuplike expansion or socket, for the reception of the ball of the humerus, so as to facilitate very greatly the action of the limb. The position, of course, being a constrained one, could not altogether compensate for the original loss. Nevertheless, we have an example in what was accomplished of the readiness of the neighboring members to concur in their action to render the disability as slight as possible. An organ out of place, it would seem, is far more difficult to reach with aid, if disabled, than one in its true position and place; but the benevolence of the operation, as displayed in this example, reveals the tendency of the law of harmony, which is, to obviate,

if possible, whatever is discordant, or in violation of the unity of our being.

The readiness of some organs, in addition to their legitimate functions, to assume the labor that properly belongs to others, is another exemplification of the society movement going on in the body. This, however, never occurs without cause. When the ducts of some of the prominent glands become obstructed by disease, the skin, and even the vessels of the eye, will transmit, in addition to their peculiar secretions, a fluid totally dissimilar to the usual perspiration and lachrymal secretion; and this, although a symptom of deranged action of the glands in question, evidently proclaims the benevolent efforts of some organs to aid others when diseased.

When the skin becomes the subject of violence from the constriction of its pores, by sudden exposure to cold, the mucous membranes that line the mucous passages begin to emit a fluid to compensate for the interrupted function of the skin. The exhalations from the mucous surfaces are thrown off from the system, under such circumstances, as useless, either in the form of sputa from the bronchial tubes, or of mucous discharges from the bowels. The restoration of the office of the skin will often obviate this difficulty. The symptoms of diseased action, in many other respects, sufficiently indicate the readiness with which some organs endeavor to compensate for the interruption of the offices of others.

In further delineation of the harmonious arrangement and action of the organs of the body, it may be regarded a settled law, that no one organ can be induced to act (when the body is in health) so long as its action may endanger its neighbor. The muscles of deglutition cannot be exercised until the epiglottis is drawn down by another set of muscles, so as to prevent the entrance of anything into the larynx or trachea that might interrupt the office of these organs. We cannot swallow and breathe at the same time. If, by accident, anything designed for the œsophagus and stomach reaches the trachea before its orifice is closed, it is instantly rejected by a spasmodic cough, or otherwise the most serious injury occurs. Such instances rarely happen, and never without some flagrant violation during eating or drinking,—such as indulging in immoderate laughter with the mouth full of half-masticated food. It is known that laughter is effected by a rapid succession of brief expirations, occasionally interrupted by short and violent inspira-

tion, which renders it somewhat dangerous to indulge in a careless and convulsive laughter with the mouth well filled with aliment. Any violation of the subordinate law, which requires cessation of action on the part of an organ, provided its action proves injurious to neighboring organs, is fatal in its tendencies.

Some organs in the human body appear to govern, others appear to serve; but whether governors or servants, each fulfils its office, and is entitled to equal consideration in its place. The head must be the head, and the hand must be the hand; neither can the one enjoy a perfect existence without the other. "All are but parts of the same unit; and it is the province of the superior organs to exercise control over the inferior ones for their good, to endow them with capacity for the greatest amount of enjoyment; and in return, the inferior powers must tender a cordial service to their superiors. When in either case there is a violation of this mutual regard, the loss of freedom to both is the consequence, and compulsory movements mutually afflict them. When the feet refuse to labor for the head, trunk, and upper extremities, they become smitten with atrophy and palsy, because the very blood they require, and the nervous force that is only capable of inspiring them with activity, are withdrawn in a measure into the superior regions of the body. The feet are punished for indolence, but their punishment is not to maim them, but to whip them into use, because they have distressed the upper extremities and head, the whole corporation has suffered from their neglect of servitude; and what is more reasonable than to suppose a retributive reaction necessary to wake them up to proper service?

On the other hand, if the superior organs do not properly care for the inferior, if proper attention is not bestowed to their comfort, their service will be impaired. If the hand is not properly directed by the will, and the fingers subjected to legitimate and comfortable service, the head and all parts of the body will be compelled to notice them in a manner far from being agreeable. It makes the head ache to have a sore finger; a felon, or a whitlow, throws back upon the centres of sensation an influence that is thence distributed to the whole organism.

An irritation in the ball of the thumb may be neglected, until the nerves in communication become so fretted and enraged, as to transfer the irritation to the brain or spinal cord, thence to spread

its influence throughout the body. We have on record many cases of general tetanus, resulting from neglected irritations of the palmar surfaces of the fingers and thumbs.

If the feet and toes are not properly cared for, they also will ultimately compel the attention of the higher faculties and powers. These are important servants of the head and trunk, and if they are not legitimately directed and protected, they will offer their complaints in a way not to be misunderstood. The fashionable indulgence of wearing a boot or shoe smaller than the foot actually requires, exhibits a recklessness of treatment from the higher faculties that affords them just cause for complaint. A bunion, burning and smarting with pain, or a corn, stinging and aching, proclaim pretty loudly to the head, not to hamper the feet, or neglect to provide for their comfort. To do any injury to the feet, is to invite a reaction detrimental to the whole body. Any sharp instrument or pointed weapon violently entering the plantar surface, so as to wound the ligaments that bind the skeleton of the foot, may produce an irritation that by metastasis may be transferred to the groin, and even to the brain, to react again upon the whole body, producing a most formidable disease, and even tetanic spasms throughout the whole system. From such manifestations as the foregoing, it would seem evident that care should be exercised to protect the integrity and comfort of all the inferior and outermost portions of the body, as well as those more intimately related to the internal and vital organs. Having in the physical man a type of all social organization, we can read in it the laws of human society. Those that rule, and those that are ruled, must consider themselves as but members of the same body, mutually dependent upon each other. If those intrusted with the management of governments, should neglect to provide for the common welfare of the inferior and most ignoble members, or should decline attention to them when importuned, a condition of things will surely develop itself, painful in its character, that will compel the attention required. As none of the inferior members of the body can be the subjects of cruel treatment without causing the whole to suffer, so in society, cruelty to the inferior orders will be an infliction of direful sufferings upon all classes, the higher as well as upon all holding subordinate relations.

There are in the human body a distinct class of organs always

watchful, to protect certain important structures. In the early stages of life, some of the muscles are seldom called into action, because the necessity for their use has not developed in them either the power or the habit. The infant can open and shut its eyes, to accord with the wakeful and dormant states of its little body, but it seldom winks, though an object may be placed almost in contact with the ball of the eye. The reason is, no violence is feared, and consequently no means of defence are provided. But not many weeks elapse before children learn to close the eyelid as a measure of defence to the eye. It is unquestionably a voluntary movement at first, although apparently involuntary after the habit is fixed. The manufacturer of exceedingly delicate machinery acquires the habit of winking but seldom, while the blacksmiths and stone-cutters wink at every blow of the hammer, for the lids are always ready to interpose their defence, when violence is threatened the eye. Thus it becomes strikingly manifest that in the corporation of members into the human form, there is secured mutual aid, mutual protection, and mutual benefit; and if any single organ or member suffers, its neighbors proffer assistance; when an organ sustains a loss, all the others conspire to repair it.

In the case of the entire suspension of any one of the faculties, those which remain active in their effort to supply the defect, gradually acquire capacity in the form of new sensibilities, analogous to those which properly belonged to the suspended faculty. In the event of a complete interruption of the sight, the knowledge of many things may be acquired, which under other circumstances can only be acquired by the aid of the vision. It is related of an English engineer, who was totally blind, that he would select the most favorable routes for roads and canals, by calculating with great exactness the degrees of ascent and descent as he walked over the course. Prof. Sanderson, of the University of Cambridge, England, who was blind from infancy, could multiply, divide, extract the square and cube root, and solve the most abstruse questions in plain and spherical trigonometry, as well as the most abstract propositions in algebra. He was remarkable for great accuracy in these departments of science, and on this account was recommended by Sir Isaac Newton as the most suitable individual to fill the important post which he held. Some blind men have shown themselves excellent mechanics, and their sense of touch so

exact, that they could select from a general wareroom all the articles of furniture unfaithfully made, or of faulty proportions. The late Prof. Walter R. Johnson once attended the commencement of the Gettysburg College, where he made the acquaintance of a gentleman who exhibited the greatest intelligence upon all scientific questions. He spoke of the location of richest stores of mineral wealth in the state, described the peculiar characteristics of iron ore obtained from different mines, showed his skill in engineering, by pointing out in the most lucid manner how machinery could be constructed to render the immense wealth of different mines available. His knowledge of chemistry appeared to be complete, and his knowledge of the classics was manifested in the just criticisms he offered upon the works of various authors. All the while the Professor was ignorant of the fact that his learned and interesting companion was blind; at last observing some slight defect in the appearance of his eyes, the Professor remarked that his great industry in acquiring his vast amount of knowledge, must have cost him great labor, and a straining of the eyes, which must now be a source of inconvenience to him. "My eyes," he replied, "I have never seen in my life; I was born blind." "Surely," remarked the Professor, "if a blind man can accomplish all this, how culpable must those students be who have two good eyes, and yet are immeasurably ignorant of those important matters!" It will therefore be observed that memory, aided by the sense of touch, can approach very nearly to the performance of duties, such as properly are assigned to the eye when in sound health.

The loss of hearing may also be the occasion of waking up new powers in the remaining senses. The deaf and dumb are taught to read and write. The loss of speech may be fairly attributable to the loss of hearing; and under such circumstances, the eye assumes to take the place of the ear, and the fingers of the tongue; and what is remarkable, the fingers will frequently communicate as much to the eye of the mute as the tongue is able to communicate to the ear of those who can hear and speak. The sense of touch also in mutes becomes so quickened and modified as to feel the inflections of the atmosphere occasioned by the vibrations of the voice. The deaf and dumb are often affected by music in a close room. The air plays seemingly around them in measured vibrations, occasioning pleasant and thrilling sensations throughout the

whole system. A deaf and dumb editor, in New York, remarks, "that the rapid changes in music create a kind of ecstatic confusion of the nerves, which can be realized only where the sense of feeling predominates over that of hearing."

In the twenty-first report of the directors of the American Asylum at Hartford is detailed the remarkable case of Julia Brace, who was born in the vicinity of the Asylum, in June, 1807, and from an attack of typhus fever, which occurred in Nov., 1811, she became both deaf and blind. Prior to this illness, which resulted so disastrously, she had learned to speak, read, and spell, in a moderate degree. She gradually lost her speech; and with regard to her sight, she supposed it interrupted by a long night that had come upon the world. She frequently said, during the time she retained her speech, "It will never be day." At length she was made sensible of her innate inability by feeling the heat of sunshine, while, at the same time, the light was shut out. At the age of eighteen, she was admitted a pupil at the Asylum, where she was taught conversational signs, that enabled her to convey ideas upon common subjects. She was taught many domestic uses. She would select her own clothes from among the clothing of many; she would wash and iron as skilfully as those who see; she would knit and shape her own work without assistance, and even point out the defects in the knitting of others; she would do her own sewing, hem fine linen pocket-handkerchiefs; she would thread her own needle, however small the eye or fine the thread. This she accomplished by the aid of the mouth and tongue,—the thread and needle being put into her mouth together would come out fit for use. In this remarkable case, the tongue labored for the eye in discovering the needle's eye, and the little muscles of the mouth were the fingers that seized the thread and directed it through this small aperture as dexterously as it could be accomplished by the steadiest motion of the fingers.

A little girl, by the name of Laura Bridgman, was admitted into the Blind Asylum in 1837, a little under eight years of age. She was deprived of all her senses except that of touch, yet by operating upon this one sense, it strove to compensate for the loss of the others. She learned to communicate with her parents, participate in their joys and sorrows, and to perform many uses in the most exact manner. She even learned to write a legible hand,

through which she could express her thoughts. She was also expert with her needle; could knit, sew, and make twine bags, all by cultivating and developing the intrinsic powers of the sense of touch.

Another interesting case is cited by Dr. Abercrombie from the medical journals of the time. A gentleman in France is said to have lost all sense, except the feeling on one side of his face, yet his family found access to the man by means of tracing characters upon the part which retained the sensation. These cases, it would appear, from the testimony of Dr. Howe, who superintends the Blind Asylum at South Boston, are not so unfrequent. This gentleman states that four cases, besides that of Julia Brace, have come within his own observation. The case of Laura Bridgman, just now related, is one of the four.

Dr. Spurzheim relates a case of a young Scotch boy who relied upon the sense of smell to acquaint him with matters which ordinarily would require the aid of hearing and sight. This lad, though blind and deaf, would readily distinguish between colors by his sense of smell.

Not only is this law of striving to compensate for lost faculties seen in relation to the special senses, but even the loss of the hands has been requited in a measure by other organs. A Miss Biffin was exhibited in London, who was totally devoid of both upper and lower extremities, yet she was unusually intelligent and ingenious. It was surprising to observe the facility with which she would hem-stitch, turning the needle with the greatest rapidity in her mouth, and inserting it by means of her teeth. She also painted miniatures faithfully and beautifully, holding the pencil between her head and neck. All her motions were confined to the tongue and lips, and to the muscles of the neck. Magendie says, "that there was a young artist in Paris, who had no sign of arm, forearm, or hand, that became very skilful in sketching and painting with his feet." Not many years ago, a Miss Honeywell travelled through the country, who was born without arms. She had acquired great dexterity in using the scissors in her mouth. She could cut profiles, watchpapers, and many other curious and ingenious designs by the simple process of endowing her mouth with the identical power she was deprived of by having no hands. Scores of additional examples might be adduced, illustrative of the economy of

the human system in striving to preserve all the faculties essential to the human form. But enough has been presented to show that all the faculties, powers, and processes carried on when the body is in health are essential to the perfection and preservation of man. And as all labor for the unit, to uphold and promote its being, and to restore harmony when any discord takes place between any of the members, it follows that this mysterious tendency to the development of new faculties in healthy organs, to compensate for the loss of special faculties belonging to other organs, is but a new phase of that single law of our being which reigns throughout the human economy for good. When the tongue is chained the fingers can speak; when the eye is obscured, the sense of touch almost acquires that of sight; when the hearing is benumbed, the sight, aided by the other senses, in a measure compensate for the loss; each minutest fibre within the body strives to compensate for a suspension of power in its neighbor. If the whole body be threatened with violence, ten thousand fibres spring to the defence of every single part. When violence threatens the vital organs from without, the muscles are strained and the joints become inflexible for defence, and, moreover, the body is involuntarily thrown into defensive attitudes. The cervical muscles suddenly contract to obviate the shock of a blow upon the head. The limbs become flexed during a fall to protect the spinal column from the violence of sudden concussion by lighting upon the feet. But it is impossible to unravel the universal economy of the physical man, we can only begin our researches. Suffice it to say, in the human body we find a revelation of the laws of human society. The countless number of members entering into its organization, are but representative of the individual members of all social, civil, and religious organizations. As the unity of the body depends upon the integrity and faithfulness of every organ in the discharge of its office for the common good; so the perfection of society depends upon the faithfulness with which every member fulfils his use in its economy. A member of society out of place, or regardless of the common good, afflicts all the elements of which society is composed. Society is a human organization of a larger form. It has its head and feet, its central and more internal, as well as its outermost organs; and in learning the physiology of the human body, and the effects of violence done to any of its members, we are presented

with a revelation of truth concerning the society man, and of man in general. Irritate the extremes of society, and it becomes an antagonizing multitude. If the head cease to regard the feet, they may compel attention in the most painful manner. Whatever is true of the individual man is true of the collective man; and society will never be perfected till we behold the same sympathy and instant reciprocity of kind offices among its members as we find shadowed forth in the little society of members we have been considering. Let us study human physiology, then, as a divine revelation,—as an embodiment of sacred truth, which unfolds the true order of heaven, and the type of governments, communities, and social organizations on earth. To regulate all our doings in accordance with so glorious a pattern, will but speed us onward to the summit of our hopes, and then shall we fully realize the force of that great poetical injunction,

“Know then thyself; presume not God to scan,—
The greatest study of mankind is man.”

“That *virtue* only makes our bliss below,
And all our knowledge is *ourselves* to know.”

SUGGESTIONS FOR PROVING OF DRUGS ON THE HEALTHY.

REPORTED TO THE “AMERICAN PROVERS’ UNION” BY A COMMITTEE APPOINTED
FOR THAT PURPOSE.

ARTICLE I.

INTRODUCTION.

SECT. 1. As our aim is to ascertain the effects of drugs, or substances which may become such, upon the healthy, it is requisite that many experiments be made by as many individuals as possible, of all ages and sexes, of different constitutions, dispositions, and temperaments, in different climates, under the influence of different seasons, changes of weather, habits, and customs, peculiarities in dwellings, clothing, eating, drinking, &c., &c.

SECT. 2. As effects necessarily depend upon two causes or conditions, one the matter producing the effect, and the other the organism receiving it, and being effected and modified in its functions by it, we must endeavor in our experiments to obtain the greatest possible unity or identity in the substance to be proved, and the greatest variety and diversity in the organisms to be brought under its influence.

SECT. 3. As diversities of constitutions and dispositions are required, we need not insist on the perfect health of the provers, provided they have the ability to observe and distinguish their usual, habitual, and frequently appearing morbid symptoms, from the unusual, strange, or new symptoms.

SECT. 4. Hence every one in a tolerable state of health is able to prove; their success depends on their sensibility to the medicine, and their ability to observe its effects upon themselves, and to distinguish such effects from other symptoms.

SECT. 5. As there are very few accustomed to such minute observation, such continual watching for every change of feeling, or sensations, or alteration of functions, and as it is necessary to have a good memory in order to distinguish the new from the old, the strange from the frequent, it would be better for a person to commence with making a note of all observable changes in his system for a week or two before commencing the proving of any remedy.

SECT. 6. As the continual surrounding influence will, in every prover, modify the symptoms, it is important that provers should live as regular and uniformly as possible, avoiding sudden changes before or during the proving. If, notwithstanding, interruptions do occur, more skill in observation is requisite to distinguish real symptoms from those that have been induced by such changes.

SECT. 7. Self-observation is an art to be acquired. If a prover has not been in the habit of observing himself, he must learn to do it. The best method of doing it is to prove a medicine, and prove again, and again, until, by repeated experiments, the habit becomes easy. In the arts, skill is attained by practice.

All sciences founded on the observation of nature, open the eyes of the student, and enable him to see what others do not observe. A botanist, passing through the woods, or over a field, without any peculiar effort of his eyes or mind, will see a new, strange, or rare plant, which others

would pass by unobserved, although the image of the plant was just as well pictured on the retina of their eyes, as on the eyes of the observer.

SECT. 8. Skill in self-observation, or facility in distinguishing the minutest details of all the phenomena, objective and subjective, which are making their impressions on the nerves, enables the observer finally to link together cause and effect, with a continually increasing certainty.

Skill in proving also begets skill in examining patients, on which success in practice depends, and it also gives the physician the very key of the *Materia Medica*, because if we prove a medicine successfully, we know something *certain* of it, and with great interest compare what others have observed, remarking what is similar to, or different from our own; in this way a more lasting impression is made upon the memory, and mastering one medicine with its manifold symptoms, we more easily subdue another. Each one forms a nucleus, if we compare it with its relatives, its antidotes, &c., and very soon the whole apparently insurmountable mass of symptoms in our *Materia Medica* becomes to us like a city, with its many buildings and streets, where we find ourselves before long perfectly at home.

ARTICLE II.

THE DRUG (MATTER TO BE PROVED).

SECT. 1. The purity of the matter to be proved is of great importance, and we should take the greatest care, and spare neither labor nor expense, to obtain it, or its preparation, in its most perfect state. This we can do the more readily, as we require a comparatively small quantity.

SECT. 2. Every prover ought to mention the source from whence he obtained the preparation he is taking, or give his authority.

SECT. 3. All newly introduced drugs, and all such as are from various countries, under the same name in the shops, viz., Kino, Dolichos, Sarsaparilla, &c., ought to be deposited in a collection, and be preserved for future examination.

SECT. 4. If impure, or imperfectly prepared substances, have been proved, we ought, as soon as purer or better can be obtained,

to repeat our provings with it; and as every prover refers to his authority, and with every symptom, the provers who have observed it are mentioned, we will soon arrive at some degree of certainty concerning the modifying influence of such impurities or imperfections.

SECT. 5. We must insist that all chemically prepared substances be scientifically determined, and as pure as possible; hence the mode of preparation ought to be given in detail, after Hahnemann's example.

Discoveries in chemistry are following each other so rapidly, that we cannot anticipate what objections may be made to the one or the other mode of preparation, even of the most common articles.

SECT. 6. Drugs in trade are seldom found in a pure state, and it requires careful examination to discover the adulteration, and to distinguish an inferior from a superior article.

We must be very cautious not to trust the assurances of those who may have mercenary motives, or boast of a knowledge they do not possess. Rare or obsolete drugs are often stale, and sometimes even others substituted in the shops, according to the notions of the apothecary. Articles, used in great quantities, such as aloes and sarsaparilla, are to be found in all the shops in the most inferior varieties. Not a single piece of genuine East Indian Aloes was to be found in all Philadelphia and New York, except in the collection of a college. The true sarsaparilla from Hayti was not to be found at all. The best way is to collect samples from all the stores for several years, compare books, and take the opinion of experienced friends.

SECT. 7. Our members abroad should be solicited earnestly and urgently to send us, not only the new articles they may introduce, but also the common drugs obtained from their natural home.

SECT. 8. Plants should be collected, if possible, by the physicians themselves, aided by experienced botanists, from the best situation, at the proper season, and (what our forefathers paid more attention to) at the right time of day. In order to consult others afterwards in regard to the right names, samples of such plants should be preserved, and deposited in the above-mentioned collection.

Great mistakes have been made, particularly in getting botanic scientific names, by hunting them up in books through their popular names, for instance, by taking for Chamomilla, the Anthemis Cotula, instead of Matricaria Chamomilla; or by taking for Nightshade, the Solanum Nigrum, instead of Atropa Belladonna.

SECT. 9. The same caution should be observed with substances taken from the animal tribes. Insects, particularly, are not so easily determined as may appear to some. Here we ought to insist on the deposit of some of the animals in spirits of wine. If parts of larger animals are proved, a sample should also be preserved for further investigation.

SECT. 10. All that is uncertain of origin, impure, or mixed, should be rejected, even if cures have been made by it; the idea of proving and potentizing quack medicines, or secret nostrums, should be treated with the utmost contempt. There is nothing more despicable in our profession than the pretension to have secrets, or to join, in any way, with such reckless impostors and nostrum dealers, who fatten on the sufferings and superstitions of the ignorant.

ARTICLE III.

DOSES.

SECT. 1. As the object of the prover is to be affected by the drug, without being poisoned, or his health seriously endangered, the most perfect method of proving is to take *one dose only*, but such a one as is sufficient to produce the desired effect. By such provings we obtain a perceptible, distinct series of symptoms, forming one or more distinct groups, which show, like the reflection of the same rays of light on manifold objects, the action of the drug upon all the different organs and organic systems of the human frame,—the same effect in essence, but everywhere modified, according to the peculiarity of each organ.

Symptoms observed from the effects of a single dose, reveal in a clear and undisturbed order the course of the drug-action through the organism. There is a great difference of opinion as to the so-called primary and secondary symptoms, the apparently direct and indirect action of the organism; deciding facts for the explanation

of these phenomena will only be obtained by provings made in this manner.

SECT. 2. As we do not know beforehand, in each case, how certain individuals may be affected by certain drugs, as there is a general difference in the constitutions and susceptibilities of men, some a great deal more, others much less liable to be affected by drugs; as farther there is in each individual a different liability to be affected by particular drugs, some acting with unusual energy, while others apparently produce little or no effect; and as finally there is a great difference in the drugs themselves, and their ability to assimilate or unite, as it were, with the human organism, the proper dose to produce symptoms must be discovered by each prover, with every new drug he proves.

SECT. 3. Experienced provers may, governed by analogy, at once guess the proper dose. In most cases it is best to make a preliminary proving, a sounding, as it were, to ascertain how far a certain drug will influence their system. Less experienced provers do best to make their experiments by a series of doses, increasing or decreasing the quantity and quality, until they find the right one. Most of the provings forming our *Materia Medica* have been made by taking repeated doses, until the symptoms satisfied the provers.

SECT. 4. The question, With what dose to commence? is easily answered. It first depends upon the peculiar susceptibility of the prover. Every one has been under the influence of some drug or other, and knows how much he is able to bear; every one knows, or ought to know, how certain classes of drugs, alkalies, metals, or acids, narcotic or acrid plants, vapors, and odors affect him, and if he knows the nature of the drug, he may judge accordingly.

SECT. 5. On the other hand, it depends upon the nature of the drug. Chemicals are either proved simple, as the so-called elements, or in combinations. As the majority of the elements have been proved, we know by experience or analogy what doses will most likely produce an effect.

Combinations, oxides, acids, and the salts formed with them, are likewise sufficiently well known, to enable us to form an opinion in almost every new case.

SECT. 6. As the effect of all drugs entirely and solely depends on the affinity of their matter for substances forming the living

organism, the general rule is, the greater such affinity, the smaller ought the dose to be, and as it is a chemical rule, *corpora non agunt nisi fluida*, we may add, the greater the solubility of a certain matter, the smaller the quantity we ought to take, not forgetting that the said solubility is, in most cases, not sufficiently known.

SECT. 7. As many substances, particularly in their natural state, are apparently inert, and might be taken in quantities sufficient to mechanically disturb the stomach and intestines, without producing physiological alterations, such matter must first be brought into a state of atomic freedom, in which condition it will produce the desired results.

SECT. 8. A large number of insoluble and apparently inert chemicals, particularly metals, may be brought, through chemical precipitation, as by galvanism, into the form of a fine dust. This method should be preferred in all cases where it is possible, and only such preparations should be chosen for provings on the healthy, as well as for the cure of the sick, as they have a decided preference over all others. (Staph, Segin, Buchner, Meyerhoffer.)

SECT. 9. All other insoluble matter should be treated mechanically by pounding and trituration, until it assumes the finest material form we are able to produce by such means.

SECT. 10. The minute particles of most substances, when brought into a dust-like form, have a great attraction for each other, and adhere, particularly when in contact with the saliva, phlegm, or other more or less tenacious juices of the body, and as this deprives such particles of their freedom of action, all such dust-like preparations must be triturated with another substance. This ought to be so hard as to assist in its further mechanical division. Further, it ought to remain unaltered by the influence of the atmosphere. And finally, ought not to produce on the organism a separate influence of sufficient importance to disturb the action of the drug. Hahnemann selected the sugar of milk for this purpose, and experience has confirmed the following results.

a. By triturating with sugar of milk, we can produce a greater degree of fineness or minuteness of the particles, than in any other known way; and even precipitated metals are brought in this manner to a much greater degree of divisibility.

b. In such preparations, the atomic particles of the different insoluble substances are kept asunder, and in a free state.

c. Such triturations may be kept unaltered with greater certainty than when prepared with other substances.

As all this has been incontrovertibly proved, by repeated microscopical examinations, it is settled beyond all doubts, that triturated matter prepared in this manner is in a decidedly finer state than the finest vessels in the human system,—*id est*, the diameter of such particles, measured under the microscope, is much less than the diameter of the smallest vessels discovered in the human body.

SECT. 11. The quantitative relation of the said vehicles to the medical substance to be prepared being left to the choice of the experimenter, Hahnemann has arbitrarily adopted the proportion of 1 to 100. Others, since, have proposed and preferred 1 to 10. This being the state and scale of our preparations, provers may make their choice.

According to Segin, Meyerhoffer, and all other observers, the particles of metals can be discovered in their minutest form, and most perfect separation, from the 3d up to the 6th centesimal, or 6th to 12th decimal potencies.

A very remarkable and interesting fact, in which all experienced provers agree, is that apparently inert and insoluble substances have, in the majority of provings, had the most decided influence in the very same degrees, *id est*, all such substances produce the most symptoms on the healthy, in the triturations containing the millionth up to the billionth.

SECT. 12. Soluble substances are generally taken in a solution, and fluids in a diluted state, sufficiently moderated to avoid all caustic, pungent, burning chemical influence, which would only destroy the surface of the mucous membranes.

SECT. 13. As we do not know whether the different states of trituration or solution might modify the influence of the drug, some have preferred triturations even of soluble substances, and of all dry vegetables; while on the other hand, some prefer the fluid state, and alter triturations into solutions, by dissolving a 3d or a 6th, or a higher potency, in spirits of wine; all of which is left to the choice of the prover, proper comparative experiments not having yet been made to decide the question. Sugar of milk should not be used in preparing substances which may have a chemical influence on it, or are volatile. Alcohol or spirits of wine likewise should not be used with such chemicals as decompose it.

It is also still undecided whether soluble substances ought to be proved in the 12th or 6th solutions, or whether best in lower or higher attenuations.

SECT. 14. Tincture, or essence of plants, made with alcohol, ought to be taken diluted with water, to prevent the chemical influence of alcohol from modifying the effect.

Plants may also be proved by making a decoction or tea, or an extract, or by merely chewing the drug; but it has been considered preferable, to prove only such preparations as we have it in our power to preserve, and administer to the sick.

Animal substances are either to be treated in the same manner as minerals or plants, according to their nature; and the dose most proper to be taken by the prover, can only be ascertained by experiments. Hahnemann's general rule was to take of all medical substances, known and used by the old school, such a dose as in most cases had been considered an efficacious one for a patient.

SECT. 15. To take larger quantities of the drug, until symptoms are forced to appear, is not advisable, because many symptoms may be caused by the drug but remain latent for a while, and then show themselves in a very inconvenient way. It may then be too late, to ascribe such symptoms with sufficient certainty to the action of the drug, and all the labor is lost. Besides, all symptoms, forced by too large doses, are of less value, as they are not sufficiently individual, and nearly alike in whole classes of drugs.

ARTICLE IV.

REPETITION OF DOSES.

SECT. 1. As soon as a prover perceives the influence of the dose he has taken, let him try to observe its full influence without repeating, being particularly careful to collect the very first symptoms, however slight, and as accurately as possible, in the order in which they appear.

One of our most experienced provers, has in this way been very fortunate in obtaining the most characteristic peculiarities of new drugs; and one of our best and most useful provings (of *Rhus Radicans*), has been made in this way principally.

Let the prover continue to watch himself as long as possible, even after all the symptoms have ceased, as they may reappear again periodically, or be stirred up again by some cause or other.

SECT. 2. If the symptoms which appear are too slight, indistinct, and not characteristic, or if no effect whatever can be observed, in from six to twelve hours, the dose ought to be repeated, and if not a very powerful substance, should be increased *in quantity*, viz., instead of one grain of a certain trituration, or ten drops of a solution, the prover may take two grains of the one, or twenty drops of the other, and continue thus to increase each dose for several days until distinct symptoms appear, and then follow the rule in Sect. 3 of Art. I.

SECT. 3. If no symptoms appear, even after repeated and increased quantities, it is advisable to wait for a week or two, as a silent change may have been produced, and ultimately burst forth with more violence than would be agreeable to the prover.

Such cases are on record, from *Spigelia* with Hahnemann; *Calcarea Phosphorica*, with Bauer; *Calcarea Oxalica*, with C. Hering; *Oxalic acid* with Dubs; *Sublimate*, with Buchner; *Plantago major*, with F. Humphreys; *Glonoine*, with R. Gardiner, Sen.; *Ars. Metallicum*, with A. Lippe, J. R. Coxe, &c.; *Asafoetida* and *Valerian*, with Franz; *Ferrum Metallicum*, with Negendank, &c. &c.

SECT. 4. If, after such an ineffectual attempt, a proving with the same drug is to be renewed by the same prover, supposing that it had been taken the first time according to Art. III. sect. 12, 13, 14, in its first effectual preparations, it is the decided advice of some experienced provers, that the next, and each following proving, should be made by taking higher and higher preparations, viz., after the 3d or 6th trituration had produced few or no symptoms, the 9th or 12th, or even higher and higher; or after taking the tincture in water, next the 3d, 6th, 12th, &c., giving each a proper time for action, until the prover is perfectly satisfied with the result, or is obliged to abandon the attempt.

SECT. 5. It is the opinion of others, also experienced provers, that it is best to commence with the 30th centesimal, and if necessary descend to the lower numbers, until they reach the lowest.

SECT. 6. It is the opinion of others again, also experienced provers, that the best method to obtain pure and characteristic symptoms, is by using the highest preparations only, repeating the same until satisfactory symptoms have been produced.

SECT. 7. It is with some persons and some drugs the most effectual mode to take very small doses, and repeat them often, which have in some cases produced a long and lasting influence. In most cases, however, the drug seems to lose its influence very soon, and the organism getting what is called "used to it," *i. e.* the effects become latent, and lead to the formation of organic diseases.

SECT. 8. In all cases when the prover observes what is called a cold, a coryza, or cough, a bowel complaint, or the like, which often occurs after the first dose or doses, it is a sure sign he has taken too much of it, and the organism attempts to spit it out (Hahnemann). It is advisable in such cases not only to observe the peculiarities of this cold with the utmost accuracy, but if the same prover after it is over, takes a well-potentized higher dose, he has often a chance of obtaining the very best and most characteristic symptoms.

SECT. 9. In provings of the same drug, by the same person, after shorter or longer intervals repeated, we ought not to expect exactly the same symptoms; experiments have shown that not always the same will appear. The more accurate the observations the greater the difference may be, from a slight shade up to symptoms of apparently opposite character. Such variations are strongly confirmatory of each other, and are better tests of the accuracy of the observation than a verbatim repetition of the same symptom. All productions of nature depending on a complexity of influences, vary like the leaves of the trees.

SECT. 10. When during a proving, or from the accidental influence of a well-known drug, symptoms nearly the same as those already known or mentioned in our books should be observed, they ought to be regarded as valuable corroborations, and ought not to be lost, but written down in full. A repetition of nearly the same symptom not only assists us in distinguishing between the confirmed and doubtful, but will also, if described exactly, help us to determine the degree of value or the range-order, which even among the most confirmed symptoms is not fully decided.

ARTICLE V.

DIET, AND MANNER OF LIVING.

SECT. 1. The general rule is to make no changes in the habits and diet, provided they are in accordance with the rules of a regular life.

SECT. 2. All excesses ought to be avoided during the proving, and particularly the use of substances capable of producing morbid alterations of the system.

SECT. 3. If the prover has been in the habit of using stimulants, especially alcoholic liquors, wine, ale, porter, beer, coffee, tea, tobacco, vinegar, mineral water, ice cream, aromatics, and seasonings, or any other pathogenetic substance, he must moderate the use of them without omitting them altogether, unless he should do so several weeks before proving. The main point is to continue the use of all such as have been used daily, but to avoid those which have only been used now and then—to continue moderate habits, and avoid all excesses. The continuation of stimulants if the prover has been in the habit of using them, will produce only silent symptoms, and thus not interfere, but the change occasioned by their sudden and entire disuse, will produce indirect symptoms very much interfering with those produced by the drug.

SECT. 4. Unusual exertion cannot always be avoided, and may interrupt a proving, but *experienced* provers, may obtain on such occasions the most valuable symptoms or peculiarities, if they only have sufficient power of mind to extend their observations, and while their attention is called aside, remain still able to observe their own feelings. The same is the case with sudden interruptions of the regular diet, and even transgressions. After the prover has obtained evident symptoms of a drug, he may intentionally transgress the rules, to ascertain what will act as an antidote, or apparently not alter the symptoms.

SECT. 5. The most interfering influence is that of preparing other drugs for patients. To inhale the smell, even of higher attenuations, may modify the symptoms, or disturb the proving.

SECT. 6. As the best time to take medicine for proving, Hahnemann, in the former editions of his *Organon*, recommended the

morning, but in his later editions said nothing about it. G. O. Piper (*Hygeia*, XII. and XIII.), recommends strongly the evening. But there may be no general rule. It seems to differ with different drugs, according to their tendency, to produce more symptoms at certain hours of the day. Such a time, is the best to take it for proving, and if we do not know it, we take repeated doses at different periods of the day.

SECT. 7. Persons who are not susceptible to the action of drugs, and get no symptoms, are recommended to commence proving with Opium, Coffee, or any other quick acting or exciting drug. In a week's time they may become more susceptible to drug influence, and may then make another trial with another drug.

SECT. 8. Provers ought not to be too hasty in taking antidotes; but when required they should be ascertained by the law *similia similibus*, and the observations of all changes be still continued, as every antidote is only a partial one.

The smell of Camphor or Ether lessens the perceptibility; the effects continue, but are less perceived.

ARTICLE VI.

KEEPING A DAY-BOOK.

SECT. 1. The locality of the prover, his position in life, manner of living, age, temperament and constitution, his disposition, to be affected by morbid and other influences, ought to be given as an introduction to his first proving, to be quoted at any subsequent one.

SECT. 2. The year, month, and day, also the prevailing genius epidemicus, the season, weather, &c., ought to be given at the head of the proving, and afterwards, all important changes of the weather mentioned.

If meteorological observations are given in the papers of his locality, it is recommended to cut them out, and add them to the day-book.

SECT. 3. Give next, the exact name of the medicine, the authority

where it had been obtained, the degree of attenuation, the quantity taken, and the time when, to the hour and minute, and each time when repeated, always stating attenuation and quantity. A margin on the left side of each page for date, hours, and minutes, would be a great advantage to both the prover and the reader.

SECT. 4. In the same order, all the symptoms can be noted down, always giving the time of their appearance, and their duration.

SECT. 5. The prover ought to mention his hours of sleep, of taking his meals, his occupations, &c., as by such means characteristic connexions may be discovered, in comparing a number of day-books.

Symptoms observed *after* meals ought to say exactly *how soon*, as it may be of great importance to know at what stage of digestion they occur.

SECT. 6. Pure observation alone will reveal the true effects of the drug; it is a main rule to banish every notion or opinion we may have entertained as to its probable effects.

When the provers of Fluor. Acid commenced their task, they all expected symptoms in the teeth, knowing that Fluorate of Lime was an essential part of the enamel; but none of the first provers had the slightest symptom of the kind. It was one of the later provers who felt the first decided influence on his teeth, and afterwards more appeared among the secondary symptoms.

SECT. 7. While the observing power of the mind is continually on the look-out, as it were, like the sailor at the mast-head, all the other functions are going on, as if separated from us. We are as if standing aside from the rest of our mind, and from all the functions of our body, absorbed in the one act of viewing all that may happen, which appears as if it was reflected in a mirror. Practice also here gives strength, and the intuitive power increases with its use.

SECT. 8. Every symptom ought to be written down, if possible, as soon as it is observed, if not at the moment, as soon after as it can be done. If symptoms have been omitted or forgotten, and are afterwards recollected, they ought to be written down at such hours as they are recollected, and the observation is made, referring to the time when it occurred.

SECT. 9. If the symptoms continue long, or return frequently, they ought to be mentioned each time, at such hours as they appear, and in order to refer to former notices of it, a cipher should be added to the first mention of it. This cipher is best put in a margin at the right hand, and may in this way be quoted without inconvenience, and referred to as often as necessary.

SECT. 10. Symptoms the prover has been previously subject to, ought not to be left out, but always should be recorded in the day-book, with the addition of how often observed before, and under what conditions they generally appeared.

SECT. 11. Every prover should try to describe every feeling as accurately as possible, and avoid all technical and general terms. We may learn this from children and from the uneducated. We do not object to the use of popular expressions, if they are only descriptive.

We may compare the feeling to other sensations, or to mechanical actions,—may describe a pain by giving its relation to space or time, or even its apparent size. All this, however, is figurative. It may be individualizing too much for a science, but it never can be too much for a day-book. It is better to particularize too much than too little, because the generalization has to be made, not by one prover, but by the reader of a number of provings. All generalizations must be abstracted after a number of provings have been made, collected, and compared.

SECT. 12. Indistinct feelings should be given in the best words we can find. They will often become clearer during a continued proving, more distinct, and easier described. The reverse may happen; and the prover, in such cases, should always refer to his former observations by the cipher, as mentioned above.

SECT. 13. In describing objective or subjective symptoms, the exact locality and anatomical terms should always be used, and also the phrenological names, used to describe parts of the head, ought also to be given, according to Dr. Jeane's proposition and precedent.

The organ, or organs, where the symptoms apparently are felt, ought to be mentioned, even when it is uncertain whether such organ is the real seat of the symptom. As we have an elaborate and very valuable treatise on *Topographical Anatomy, illustrated by lithographic plates, a report to the American Institute of Homœo-*

pathy, made in June, 1850, by a committee appointed for that purpose (Dr. J. F. FLAGG, and others), we recommend it as a guide to all our provers, in order to secure uniformity, and greater accuracy than has hitherto been attained.

SECT. 14. It is of great importance to mention with each and every symptom the right or left side. It is of equal importance to note where symptoms appear first, and where afterwards; also to describe the exact course of sensation, whether it is perceived from without inwards, or from within outwards; whether moving up or down, directly across, or oblique.

SECT. 15. Of the greatest importance are the conditions under which symptoms occur, and it is here where the prover's continual attention is required. Changes in the weather may have a great influence in producing or modifying the symptoms. Warmth or cold in general, or by application to a part; moist, or dry heat or cold, in the open air, or in a close room; drafts of air, &c., &c., aggravated or ameliorated, or made to disappear by the different regular functions of body or mind, by using the senses, the muscles, and the organs of digestion, of breathing, &c., &c. In all such observations we cannot be too particular.

For instance, with regard to the eyes, the influence of daylight, the rays of the sun, reflected light, gas or candle light, using the eyes by looking at distant objects, or those near at hand, at small objects, or moving objects; looking at bright colors, or faintly printed newspapers, &c., or looking upwards or downwards. The different positions of the body may influence the symptom when at rest or in motion, and the changes of motion, the first commencement of it, or the continuance; the slight, easy motion, or the violent, sudden exertion. Lying on the back, or the right or left side, bending over or stretching, the act of turning over, sitting up, rising to the feet, commencing to step, to walk, to stand still, to go up hill or down, up stairs or down; to use the arms by lifting, stretching, &c., &c.

SECT. 16. The prover, noting in his day-books all the minutiae, may, by underlining some, render them prominent, if, according to the best of his judgment and recollection, they are new to him, and without any doubt on his part, produced by the drug.

SECT. 17. The symptoms of the urine are of the utmost importance in our school, and it is obvious that in this respect erroneous

observations, or mere accidental changes, may swell our *Materia Medica*. But where the difficulties are the greatest, there the greatest exertions should be made. If every prover would write down all the apparent changes in his mind, or what others may have observed of him, the critical comparison of a great number of provings would enable the person comparing to decide and separate the chaff from the wheat. Without such collections and comparisons we remain in uncertainty.

SECT. 18. Provers should also enter in their day-books what they consider not quite certain; symptoms either observed before, or otherwise doubtful, they may put in brackets. The prover, of course, thinks himself the best judge during the proving, and the more careful and conscientious he is, the more he may be inclined to omit too much. But a day-book, and every line in it, has not to become an integral part of our *Materia Medica*. It is by comparing it with other provings of the same drug, that every single symptom has to be weighed and judged. It has happened that apparently accidental symptoms, or uncertain peculiarities, have become the most important corroborations of the provings of others; and characteristics of great value have been ascertained from remarks that have been nearly overlooked or disregarded at first.

SECT. 19. Every individual, proving year after year, different drugs, will find that his observations have an apparent similarity, like members of the same family. Comparing the day-books of the same provers, we will discover, even with the most accurate and trustworthy, such a repetition of the same symptoms, or groups of symptoms, that doubts have been raised in the minds of some of the provers themselves, if they were not unable to add real symptoms to our *Materia Medica*. But, on the contrary, it is only a proof of the genuineness of their symptoms. Besides the great relationship of drugs, not only of such as are naturally related to each other, but also of such as are of a widely different origin and nature, there is a cause existing in the prover himself. Every individual, even if he would make hundreds of provings of the most widely different substances, is able only to produce a comparatively small number of phenomena. They all turn in a naturally narrow circle, according to his peculiar individuality. Hence it is important to have always as large a number of provers as possible.

By the most accurate researches among the provings of the first students of Hahnemann, found in the original *Materia Medica*, it has been ascertained that such concordant symptoms of the same provers have been of practical use, and belong sometimes to the best recognised characteristics.

SECT. 20. During each proving, old habitual symptoms may be aggravated, or they may for ever disappear without any aggravation. All this ought to be carefully noted.

The history of our *Materia Medica* tells us that important keys to some diseases have been found by means of such accidental observations.

SECT. 21. The last long-remaining symptoms, or such as appear again long after the provers have closed their day-books, have often been neglected, or, as uncertain, been omitted. But the longer a symptom remains impressed, as it were, upon the system, the more important it must be, particularly as indicated for chronic diseases.

It is even advisable after a successful proving with powerful doses to observe whether some changes will not appear on the same days or weeks of the next year, as in several cases very similar groups of symptoms have returned at nearly the same date, and new provings ought to be avoided at such times.

SECT. 22. How soon a proving may be made after another of a different drug depends entirely on the judgment of the prover, arising from his former experience. After one or more doses have produced their effects, it is advisable not to prove another drug within six weeks at least, as that is, according to experience, the medium time of duration of effect. If considerable changes have been produced, it is better to wait two or three months. After this we may suppose that any remaining or returning symptom belong to the individual, and are as it were naturalized.

SECT. 23. As it is hardly to be expected that a physician whose time is much engaged could obey strictly all the foregoing rules, and give unobjectionable provings, it ought to be added that they are principally for students who are learning, and have nothing else to do but learn, who we recommend to give them a strict perusal, and to strive earnestly to attain perfection. Observations less particular may notwithstanding be valuable, and as a large number

of provings is greatly to be desired, nothing will be rejected that has been written bona fide.

SECT. 24. Every member should try to persuade some of his friends to make experiments, and especially such of their female friends as are enthusiasts for Homœopathy. They should be frequently visited and questioned with pencil in hand, and the physician should make their reports as complete as possible.

We should never forget the invaluable knowledge we have gained from the proving of Platina, made by the wife of Dr. Gross, who by the moderate sufferings of a week, but observed and described in a masterly manner by her husband, has enabled us to save the lives of many mothers, and the sound mind of many a blooming virgin.

SECT. 25. All these rules are applicable to the reports of poisonings, or injurious influences by drugs accidentally or intentionally taken, or given by the old school or the new. No such opportunities should be lost, and the required time willingly sacrificed where there is a probability of obtaining even if it should be only a single new symptom.

In one of the oldest reports of a poisoning by Belladonna berries, after quantities of antidotes had been used white scybala appeared. Of course it was very uncertain whether the poison had caused it or not, but it has since been the means of saving many a man's life, and has become a symptom of the greatest value.

SECT. 26. Experiments with living plants to discover the effects of drugs upon them, have been made with great caution, and important results obtained by physiologists. If the necessary conditions—a perfect familiarity with the anatomy or physiology of plants—a fair opportunity and time be afforded the searcher for truth—and if the chemical as well as the microscopic examinations are not omitted, such experiments would be valuable for our *Materia Medica*.

We have many such experiments from Nusser, Bœnninghausen, and in this country from Hale in New York.

SECT. 27. Experiments on animals, have hitherto been the main

resource of the old school, and much speculation has been based on the few poor facts obtained by this rough mode of questioning nature, viz., by the experiments of Orfila. To us they have thus far been of very little value, on account of their clumsiness, which characterizes most of them.

Still such experiments ought not to be neglected, and if made as they ought to be made, may become useful. The doses ought always to be small enough to be assimilated and repeated until effects are observed, while the animals are kept as nearly as possible in their natural state. A great many drugs may be given in food or drink. The experiments ought to be made with as many individuals of the same kind as possible, to avoid mistaking a former disease for a new one. Vivisections or post-mortem examinations should always be made and with the greatest care; chemical and microscopic examinations of all changed parts never omitted.

No one ought to commence experiments with animals, except those with whose manner of living, behavior, and natural symptoms of health, anatomy, and peculiarity of organs, and functions, he is fully acquainted. It has happened that a contributor in the *Hygeia*, publishing his experiments with Aconitina on frogs, mistook the spasmodic opening of the mouth for a sign of gasping for breath, which confirmed his opinion of Aconitina having caused inflammation of the lungs, which, however, was nothing but a congestive state caused by hyperaction of the serous membrane. The wide open mouth was nothing but vomituration, produced by the absurd large doses of the alkaloid, which was lying in the mucous membrane of the stomach, in nearly the same quantity as it had been given. Amphibious animals cannot take breath at all with the mouth open, as they have to swallow the air down, their mouths must be shut. Even the largest alligator will suffocate, if something is put between his jaws to prevent his closing them.

SECT. 28. Much has been said about the symptoms Hahnemann had observed upon the sick. He declared that only a master in observation might do it. As among the opponents of this rule not one was a master of observation, we may pass it over.

Valuable symptoms may be discovered on the sick, and every such observation ought to be noted, and communicated, of course not without mentioning that it had been obtained from the sick. By comparing it with a large number of provings, it can soon be decided whether it was accidental or not.

ARTICLE VII.

SECT. 1. It remains to consider some objections, apparently very essential against all proving societies, against too many new remedies, against swelling our *Materia Medica* with more symptoms, bringing more and more books on the shelves, and forcing our complete repertories to still greater and greater incompleteness even before one edition is sold.

SECT. 2. According to a very true remark made by one of our friends, while we were forming our society ; we have in the Homœopathic school received our best provings by the efforts of single provers, assisted only in their next circles by their friends. Hahnemann's discoveries included the greatest acquisitions to our *Materia Medica*, have all been made by the zeal of one who was, so to speak, driven to it by circumstances, and generally favored and assisted by unforeseen events. Never has anything like it been done by societies. This is a true remark. But our society, by asking from its members every year only one proving of our medicine, on themselves or any other person under their care, certainly does not lay too heavy a tax, to prevent zealous members from private enterprises.

SECT. 3. It is not the intention of our society to prevent such private researches ; on the contrary, we wish to give a new impulse to it. By collecting communications from our members respecting new medicines, collecting commenced provings of such as are proposed for selection, by debating and publishing such new acquisitions, we hope our society will encourage, stimulate, and assist all its members. We wish every provers' society to become a centre where all is collected, the mere propositions, the first rudiments, up to the most complete researches, all received, stored up, and communicated for the use of all. The immense empire which is our dominion, shall be searched through every year by exploring expeditions, and new settlements made, and new towns erected, territory after territory annexed, and state after state be added.

SECT. 4. Another objection of an opposite character, is against too many drugs, "snatched together from all parts of creation."

This fear of having too many new medicines, if it was to be found here, is not republican, not American. Our acquaintance

with drugs and their effects, is like our acquaintance with men. We are intimate with a few, we like the company of several men, we are glad to see a great many others now and then, we respect all, and are happy to have the good will of every fellow citizen, and do not object if men of other nations claim our protection. But as a matter of course, there are a great many degrees of intimacy, according to the events of our life, and as every one knows, changing from time to time. It is the same with our instruments of healing, our medicines.

As long as physicians will make no objection to have a stranger introduced to them, especially if it is a patient, ready to express his gratitude with something more than words; as long as they will not object to be made acquainted with other persons, where some, very likely, may become influential and of personal use; as long will they not object to be made acquainted with new medicines, particularly as they are not compelled to lose their "valuable time" by it, but can do it leisurely, and occasionally. We do not know how unexpectedly at some time they may be of aid in great difficulties.

The genius epidemicus is altering all the while. Drugs as polychrests now of daily use, may sink into comparative insignificance, and others may rise to the greatest importance and usefulness. We do not know what epidemic may spring up and overwhelm us, and we do not know what now disregarded proving of our days, may then be blessed as the helper in distress.

SECT. 5. The main object of our Society is to prove with united efforts such drugs as are known already, but insufficiently; and among their large number, only such as are considered by a majority of votes worthy of the completest examination. This will give rise to another apparently very important objection we have to consider. What shall become of us with such a continual increase of masses of provings, all going into the minutiae, all as complete as possible? Such a proving and reproving of our older drugs, during a continual proving of new ones! What will become of our literature, if we continue to go ahead in the same way?

It was the witty remark of a famous satirist, "The materia medica of the Homœopathists is their big paunch belly; before long it will burst." He said this in 1823, about the same time that famous politicians on the

other side of the ocean predicted the rupture of the United States into several monarchies as near at hand. This, happily, has not yet taken place. Now the question is pending, will our analogy hold out? Will our *materia medica* burst or not?

As a consolation, we may show how we, all over the world, are still in the minority; how even among ourselves, not all are able, willing, or active enough to prove drugs; few are ready to suffer willingly for the good of all. We may still apply the divine words, "Truly the harvest is plenty, but the laborers are few."

A great many suffer under the heavy weight of a golden practice; body and mind are overwhelmed by care; of course they can find no time for proving; their time is money, and money requires more care to keep than to make. As all this is a capital thing, and very interesting, some forget what a large capital our *materia medica* is, the same they have been using, and still use in their business. There is no rate of interest fixed by law; it is freely left to the honesty of the receiver and peruser; even a mite is received with thanks, nay, strange to say, every one who brings his mite is honored for it.

SECT. 6. There is danger in another quarter. As our members are increasing, we may hope that before long we can look over a large multitude of provers. We will suppose that every year a large volume appears, containing a great number of provings of the same drug, from all parts of the world; and besides, we will suppose a great many propositions will appear, and commenced provings, on even new remedies, fully proved by individual enterprise. Will not such riches cause an indifference? or such wealth be followed by wasting and neglect? or will it not give rise to the most desperate efforts to generalize arbitrarily, *a la mode*, our Allopathic forefathers? There is a general complaint now, that we have too many symptoms of a great many medicines, without knowing which are their characteristics. In the midst of all our abundance, we are in want of something.

Our book-makers and publishers have done their best to give us one extract after another, complete and incomplete repertories, and there is no end of them to be seen. Like the fragments of colored glass and precious stones in a kaleidoscope, producing new and beautiful figures by

turning it over and over. We have had to pay for a great many such figures, each new and different in shape, but after all the same thing again and again. If the money which has been spent for useless or unsatisfactory books had been given to one able man, we would certainly have had something better. But still the question remains open, How is it to be done?

What is characteristic? We are all wishing for such, and many are straining after it; but where are the rules and regulations by which it can be done rightly and not arbitrarily, or dictatorially? The characteristics are the fruits of the tree, and united provings as the main means to ripen them.

SECT. 7. If we have numerous provings of the same substance, every one can study them, and see what has been observed, nearly alike, by a great many of the provers. This leads to concentrating, without generalizing too much, and without losing peculiarities. We may add marks, ciphers, or numbers to the symptoms, expressing their respective value, and obtain in this manner a full image of the drug on the whole man, bright light into the face, as it were, of some groups, and more or less shade on others. The mass of symptoms will not lay flat or indistinct before us, but like the bas-relief of a sculptor, it will represent a well-formed figure, express an idea. The greater the number of provings, the more distinct, more certain, shorter, and comprehensive view we will have. And if several attempts had to be made, the practitioner will soon find out which is the best, the most practical, and the right one.

SECT. 8. We will not only obtain by such provings an image of each medicine proved, a true portrait, a full representation of all its characteristics, we will gain more. Experiments have to answer the question, *What is characteristic in general?* We do not know that, or at least have very different opinions about it.

It is not to be wondered at, as our science is yet a young one, and in all the older natural sciences there have been at different periods very different opinions about the value of certain qualities or forms. It is but seventy years since, when weight for the first time was considered the all-dividing quality in matter, and a new period in chemistry commenced. It is but seventy years since the crystals, those mathematical expressions in nature, were carefully observed and measured. It is not

much longer ago, since the stamina and pistils in plants were considered important enough to be looked after, and with this, classification commenced. It was at the same time when the teeth of animals served as characteristics, and afterwards the proportion of the bones. It was reserved for our days, that a great observer of nature, who found a home in this country, had to show to the world, what by nature was written in the scales of fishes; the same one taught the world the importance of the rudiments of the embryo for the classification of animals.

Nothing could have been done *until material had been collected in masses*, and until several attempts had been made in different directions. *We* are on the eve now; we may commence, and in fact we are commencing now.

SECT. 9. A successful proving by all of us, and an equally successful determination of the characteristics of our drug, may give us at once the right to attempt the characteristics of the next relatives, even without proving them by so many; and practice would soon decide whether such conclusions were correct.

SECT. 10. If we knew more of the order of range among the characteristics, we might use this to determine more precisely what must be similar, which symptom of a case must necessarily be found in the medicine alike, to make it the healing one, and what symptoms are indifferent. If it should be, as has been suggested, of equal importance for the selection of the right medicine, that some symptoms must be opposite, we ought to know them. To all this, numerous provings may give us an answer.

SECT. 11. The often maintained opinion, that our drugs and their manifold symptoms could be surveyed by arranging them according to the organs they principally effect, will be either confirmed or disproved by such proving, and in no other way can it be done. The much prevailing view of a necessary pathological identity between the disease, and the remedy indicated, will receive either new support every year, or will have to be abandoned.

SECT. 12. The continual source of the most angry dispute and of reproachable animosities, the different degrees of doses, the repetitions and omissions, may be decided without our injuring each other and the common cause. Not by giving them to the sick, not by the reports of successful cures by one and another, but by such collections of numerous provings on the healthy, with

all the different degrees, it will be decided. If we insist that provings on the healthy alone can tell us what effects a drug has, why should not the same also tell us where and how it does it, by such immeasurably different doses as we are in the habit of giving? And so let us all hope that a union of provers will, by leading to more and more certainty, also lead to more and more unity.

THE PAST—THE PRESENT.

EVERY reform has its stages. The first is that of astonishment and violent opposition. The public mind is taken by surprise, and on recovering somewhat from the shock, a war of opposition or of persecution commences. Whether it will be opposition or persecution depends on the position of those who personally represent the reformation. If such as to admit it, it will descend to the rancor exhibited in this case; but if the position of the reformer and the tone of public sentiment be such as to forbid this, the opposition will spend itself in simple misrepresentation and calumny.

But time, the great leveller, soon undermines the loftiest towers of falsehood, and the truth grows brighter and brighter with every morning sun. Soon it is acknowledged that there is some good in the new thing, and but a little while more, and there is nothing new in it, and then men wonder how they were so blind as not to see, and so stupid as to oppose that which is so innocent, and, perhaps, even so beneficial.

To ourselves it is a subject of profound astonishment that not ten years ago, a practitioner of medicine, in an enlightened and intelligent community, could be the subject of a public prosecution, at the hazard of his property, and, perhaps, even of his personal liberty, for having practised Homœopathy.

The crime laid to his charge was, not that he was ignorant of his profession, not that he was unsuccessful in curing the sick, or that any had died, or even failed to regain their health through his neglect or want of skill, but that he had not bled them, blistered them, vomited, and salivated them, as his neighbors did, and as the

books had taught him to do. Such was the head and front of his offending. And such a charge was gravely entertained in a court of justice, witnesses examined, and pleas heard to substantiate it.

What must have been the state of public sentiment in a community which could have beheld such a scene with complacency, or even tolerated it, our readers can as readily imagine as we can describe.

We trust hereafter no testimony will be wanting to show that Allopathy once held in undisputed control the entire medical sentiment of the people, and swayed them to her bidding with the nod of a tyrant, and that if she has fallen into contempt, and lost her power, it is because of her own deservings, and not because the people were unconfiding.

We copy the following notice of the trial from the *Montgomery Phoenix*, published at Fort Plain, Montgomery County, New York, date of Dec. 28, 1843, and present it as an interesting and instructive relic of the past.

MONTGOMERY COUNTY MEDICAL SOCIETY *vs.* ELIAS P. PHELPS.

This case was brought before the Judges of Montgomery County, at Fonda, on Wednesday, the 20th inst. It appears that the defendant was charged by the Medical Society, of which he is a member, with gross professional ignorance and misconduct, which said charge was certified to be well substantiated, and was submitted, together with the proceedings thereon by the Medical Society, to the Judges, and the accused arraigned before them for trial.

Daniel Cady, Esq., counsel for the defendant, argued that the proceedings of the Medical Society were irregular and informal, and that, consequently, the Court had no jurisdiction in the case. It was also argued that the charges were not sufficient to make out gross professional ignorance and misconduct, as stated in the general charge. His honor Judge Randall, gave, as the opinion of the Court, that they were not called upon to decide relative to the proceedings of the Medical Society; and that the accused could only be tried on two specifications, to wit: 1st. That he professed and practised Homœopathy. 2d. That he wrote and caused to be published certain articles derogatory to the regular practice. Upon these two specifications the general charge of gross professional ignorance and misconduct was attempted to be maintained.

The first testimony introduced, related to the fact that Dr. P. professed and practised Homœopathy. This was not disputed, though two physicians were called upon to testify to it. The next fact attempted to be established was, that Homœopathy was quackery. To show this, Dr. McNaughton, Professor of the Theory and Practice of Medicine in the Albany Medical College, was called upon the stand, and testified, substantially, that Homœopathy is a departure from the laws and standards

of Medical Colleges and Societies in this State,—a departure from the regular practice. Advertising and professing to practise Homœopathy, according to statute was, in his opinion, empirical, and for the same reason quackery; though aside from law and medical ethics he would not decide. The Doctor confessed that he knew not much of Homœopathy. Medical men, he said, were at liberty to try experiments, and would not be expelled from Medical Societies for administering discovered remedies and curing disease, but for keeping such remedy secret; it should be made known in some paper or medical Journal. The same facts, substantially, were testified to by Dr. Blachford of Troy; though, in addition, he stated, that the difference between Allopathists and Homœopathists was this, the former, in acute diseases, resorted to bleeding, puking, purging, and blistering, or the antiphlogistic course of treatment; the latter to internal remedies alone, which remedies, in witness's view, have no effect, good or bad.

A part of an article from the Montgomery Phoenix was next read by the District Attorney, the object of which was to show that Dr. P. had written disrespectfully of the regular, or Allopathic practice.

Here the prosecution for the present rested.

Dr. Childs, of Seneca Falls, being called on the part of the defence, stated that he had been an Allopathic physician fourteen years—a Homœopathic two years. He agreed with Drs. McNaughton and Blachford in the difference between the two modes of treatment. It was also shown by this witness that Homœopathists administer the same medicines that do Allopathists in many cases. The question, Which of the two systems he believed to be quackery? he was not permitted to answer.

The testimony of Dr. Williams of Geneva, was similar to that of Dr. Childs, save that he stated in addition that it is recommended by Homœopathic authors to administer medicines in the tenth, twentieth, and even thirtieth dilution. Dr. Humphrys, of Utica, testified that he had been a physician since 1809,—had practised Allopathy up to the summer of 1841, and Homœopathy since that time. The difference between the two systems was as all the witnesses had testified.

For the purpose of showing a wider difference than had yet been shown, a subsequent witness was asked, if Hahnemann did not ascribe all chronic diseases to the *itch*. He answered that he thought not. He was again asked if he did not ascribe all chronic diseases to *psora*. The reply was in the affirmative. The question was then put to him, whether *psora* was not used as the technical term for the itch. To this witness replied that he thought it was generally. Dr. Humphrys being recalled, testified that Hahnemann had undoubtedly used the term *psora* as including a large class of cutaneous affections or diseases; for, when speaking of the *itch*, he uses the term *scabies*. The Homœopathic doctrine is, that chronic diseases owe their origin to repelled cutaneous affections, which doctrine is recognised by many Allopathic authors.

One or two witnesses were next recalled on the part of the prosecution, to show further differences if any existed, but resulted only in this, that Allopathists examine symptoms, and Homœopathists examine symptoms. The former judge of the disease by the symptoms, and the latter by the symptoms.

Here the testimony on both sides closed.

Mr. Cady, in his closing argument for the defence, dwelt with much force and ingenuity both upon the law and the testimony. It will be borne in mind, that but two of the charges were considered by the Court sufficiently specific and regular to enable the defendant to take issue. One of these specifications was admitted by him, and the other, in which he was charged with gross professional ignorance and misconduct, he contested. Mr. Cady, in opening his argument, said he labored under considerable embarrassment in not having a clear conception of the reasoning by which the Court was induced to hold the defendant to trial on the charges above alluded to. The same charges were, on the 20th of September last, preferred against Phelps by the Society, and they had been dismissed. In his judgment there were no stronger reasons for holding the defendant to trial upon those charges then, than there were in September.

Mr. C. next dwelt upon the motives by which the Society were influenced in the prosecution. He said there was no evidence that the defendant had done any injury by the practice of Homœopathy. If he had destroyed life, if his practice was in truth and in fact detrimental to the community, it would be the duty of the Society to use every endeavor to turn him out, and no one then could question the purity of their motives. But, on the contrary, his practice had been found to be beneficial, he was fast encroaching upon the business of other members of the Society; it was natural to suppose they would view such encroachments with fear and jealousy, and the whole of the proceedings warranted the inference that they not only wished to drive a formidable rival from the Society, but their motives for so doing appeared strongly tinged with jealousy and malice.

Mr. C. next entered upon the gist of his argument, to wit, the charge against his client of gross professional ignorance and misconduct. He inquired how the prosecution had sustained the charge? They have proved that the defendant has practised Homœopathy, and that he has professed the practice of that system; but in so doing they have not introduced any evidence going to show that he is guilty of gross ignorance or misconduct in his profession. This they must do before they can, according to the statute, turn him out. Mr. C. continued,—according to the testimony, the only difference between the Allopathic and Homœopathic systems consists in bleeding, blistering, purging, puking, and in giving large doses of medicine,—in other respects the two systems are similar. He said he presumed it would not be denied that members of the Society had the right to try experiments; and if improvements were discovered, it would be highly unreasonable that the community should be denied the benefit of those improvements merely because they were not found in books from which members of the Society gained their knowledge. If a disease could be cured by Homœopathic treatment without resorting to old harsh remedies, it was an improvement in the science of medicine; and should a member be turned out of a society for practising that humane improvement? Or, said Mr. C., does the practice of that improvement exhibit gross professional ignorance or misconduct?

Mr. C. next alluded to the case in 1st Hill's Rep., and said it was not analogous to the one under consideration. In that case, Paine, the

Homœopathic doctor, wanted to compel the Medical Society to admit him as a member. He was *proved* guilty of gross ignorance and misconduct in his profession, and upon this *proof* the Supreme Court were right in not granting the mandamus. But, in the present case, there was no proof that Phelps had been guilty of the same, and hence no analogy between the cases.

Mr. C. again dwelt upon the main point on the part of the defence, to wit, that the prosecution had failed to prove Phelps guilty of gross professional ignorance and misconduct, and, soon after, closed his argument.

Mr. Roof, in opening his argument for the prosecution, alluded to the ingenuity displayed by the counsel for the defendant, and said he should attempt nothing of the kind, but take his stand upon the evidence and the law.

He denied the imputations of the opposite counsel, that the members of the Society were actuated by malicious motives. The members of the Montgomery County Medical Society, from its foundation, had all practised upon the Allopathic system; the Legislature had sanctioned that system; it was the only system taught in the colleges or medical schools of the State,—it was upheld by our prominent medical men; at any rate, it was the only system which our County Medical Society could recognise under its present organization; all other systems, whether quackery or not, could not be recognised by the Society; and when a member attempted to introduce a foreign system into the Society, and especially if he publicly assails the members thereof, and does all in his power to injure the system upon which all of the other members practise, they are compelled, in order to preserve harmony in the Society, and the purity of their system, to turn him out, and the law authorizes his expulsion. The members of the Society are actuated by a sense of *duty*,—a duty enjoined upon them by the rules of the Society, and a duty which the law requires at their hands.

Mr. R. said, the case of 1st Hill's Rep. is precisely in point. In that case, Paine was proved guilty of precisely what Phelps has been proved guilty, to wit, that he practised Homœopathy, that he published a slanderous newspaper article concerning the society, and that he had offered, by public advertisement, to practise upon the Homœopathic system. It was also, in Paine's case, the opinion of the Medical Society that the practice of Homœopathy is empirical, and the result of gross professional ignorance or misconduct. All this was considered sufficient by Judge Cowen to expel a member from a Medical Society, and he therefore refused to grant a mandamus. Now, said Mr. R., if we prove Phelps guilty of precisely what Paine was proved guilty, we make out our case; and Phelps must, by law, be expelled.

In order to establish the facts contemplated, Mr. R., first, briefly alluded to evidence going to show that Phelps had acknowledged he practised upon the Homœopathic system. He then adverted to the testimony of Dr. McNaughton, who testified that Homœopathy is not taught in any of the Medical Schools of this State; that the practice of Homœopathy was in his opinion empirical, a departure from the regular practice, and for these reasons he considered it quackery.

Mr. R. next read an advertisement from the Montgomery Phoenix, in

which Dr. Phelps gave public notice that he would practice upon the Homœopathic system; and from the same paper he read an extract of an article published by the defendant in which he spoke disrespectfully of the regular practice; and having proved these facts, Mr. R. declared his case made out. The defendant's case was exactly like Paine's. When members of the Medical Society state that, in their opinion, the practice of Homœopathy is empirical, we have the same premises from which to draw the conclusion that it amounts to gross professional ignorance or misconduct, that there were in Paine's case. If, in this case, the practice of Homœopathy was considered the result of gross professional ignorance or misconduct, it must be so considered in the defendant's case. The defendant must be expelled from the Society, unless Judge Cowen's decision is entirely disregarded.

Mr. R., after dwelling upon one or two points of difference between Allopathy and Homœopathy, and especially the notions in regard to "trituration" advanced by Hahnemann, closed his remarks; the case was submitted to the Judges, and the Court adjourned.

Dr. Phelps, a short time after his return to Fort Plain, received the following from the County Clerk:

MONTGOMERY COUNTY MEDICAL SOCIETY,

vs.

ELIAS P. PHELPS.

}

Present, P. Randall, First Judge, and Judges Graff, Voorhees, and Howe.

At a meeting of the above-named Judges of the Montgomery County Courts, at the court-house, in the town of Mohawk, in the said county, on the 20th of December, 1843, to consider the charges of gross misconduct in his profession of Elias P. Phelps, a member of the Medical Society of said county, which had been preferred against him under chap. 14, part 1st, title 7, of the Revised Statutes of this State, regulating the practice of Surgery and Physic in this State: In reference to the two first specifications under the first charge, contained in copy, charges, and specifications annexed (the other charges and specifications being disregarded, and no evidence being given under them), after hearing the proofs and allegations in the premises, and after hearing counsel therein, and having duly considered the same, it is the consideration and judgment of a majority of said Judges that the charges and specifications are not sustained within the meaning of the act. The suspension of the said Elias P. Phelps is therefore to cease, and he is restored to his rights and privileges as a practising Physician and Surgeon. Dated December 23, 1843.

JAMES VORHEES,

JACOB GRAFF,

REUBEN HOWE,

P. RANDALL, Dissenting.

} Judges.

H. Cock, Clerk.

(A copy.)

PHILADELPHIA

JOURNAL OF HOMŒOPATHY.

VOL. II. — DEC., JAN., 1853-54. — No. IX., X.

ORIGINAL COMMUNICATIONS.

DISEASES PECULIAR TO FEMALES.

BY FREDERIC HUMPHREYS, M.D.

LEUCORRHEA—FLUOR ALBUS.

FEW diseases of females are more common than this. Being essentially of a catarrhal nature, and occurring in tissues which are constantly undergoing changes in the normal revolutions of the system, and constantly exposed to excitements, irritation, and exposure, especially in this our variable climate, it is but natural that it should be the seat of frequent congestion, irritation, and mucous discharge. We hence find a large proportion of females afflicted more or less with it. Sometimes it is but a trifling affection, coming on under the influence of some passing irritation, exposure or excitement, and disappearing with the occasion which gave it birth; and at others it assumes a chronic form, exhausting the system of the patient from the constant drain of its fluids, involving the entire system in its consequent debility, and drawing the neighboring organs into sympathy and disease.

Few diseases present a more obstinate front to the physician, or more pertinaciously resist his efforts for a cure. The injections, washes, and expedients of the old school are well known, and their utter worthlessness and failure has become a standing proverb, so

that most patients prefer rather "to suffer the ills they have, than fly to others that they know not of." Nor is the successful treatment by our own school without its difficulties. It not unfrequently demands a greater amount of perseverance, pliability, and freedom from the exciting causes on the part of the patient, and of careful discretion and patience, on that of the physician, than they are willing to devote to the case.

By the term LEUCORRHŒA we are not to understand every sort of discharge from the female genitals, but only those which are essentially of a catarrhal nature, arising from the mucous membrane of the uterus and vagina. As every anomalous secretion of the mucous membrane borders closely on the limits of inflammation, so the catarrh of the genitals of females, may be considered as having its fundamental basis resting upon this condition, or the catarrh itself may be a modification of it, arising from the peculiar mucous membranous nature of the tissue itself.

The anatomical character is different according to the ACUTE or CHRONIC character of the mucous discharge. The uterus and vagina are, in both cases, swelled,—their mucous membrane, even that portion extending up into the Fallopian tubes, is thickened and loosened, and the mouth of the uterus and vaginal portion often thick and soft. In acute cases, these tissues, as in other inflammations, are of a deeper red color, and more heated, than in the normal condition; while in a chronic condition of the affection, the mucous membrane is often pale or a livid red, and appears overlaid with a tenacious mucous coating. The mucous crypts are frequently found hypertrophied, and in part from their prominence the mucosa present a granular condition, feeling like shagreen or baize to the touch.

Symptoms.—The mucous discharge from the genitals has its seat either in the entire extension of the mucous membrane lining those organs, or in the largest portion of them, which is most commonly the case; or it only involves isolated portions of the mucosa, and is hence distinguished, according to its location, as *Uterine Leucorrhœa* or *Vaginal Leucorrhœa*; and there may be also another arising from the Fallopian tubes, and hence distinguished as *Fallopian Leucorrhœa*. The appearances and characteristics also vary according as the catarrh runs an *acute* or *chronic* course.

Acute Leucorrhœa, like acute catarrhs in other portions of the

mucous membrane, has its inflammatory symptoms clearly pronounced; at the beginning of the attack, secreting a scanty, acrid, and serous mucus, which, after some days, becomes more abundant, thicker, and puriform, and with this change in the character of the secretion also, a change in the redness, swelling, and painfulness of the local condition of the part. It may, at times, have its inflammatory character so clearly manifested as to merit the designation of METRITIS MUCOSA. In this case there is pain in the hypogastrium of a pressing, burning character, not widely extended, and external pressure is more easily borne than in the usual form of acute metritis. There is also in the simple catarrhal inflammation a clearly expressed periodic urging and labor-like exacerbation of the pressure and pain, and usually, with the urging and pressure, a discharge of hot, excoriating mucus, sometimes with flocculent coagulated masses, coming from the uterus, and passing off through the vagina. That such discharges come from the uterus may often be clearly seen through the speculum. The vaginal mucous membrane is darker reddened than normal, feels hot, loosened, and often granular. The third or fourth day the secretion becomes more copious and thicker. There is generally erethic fever present; seldom synochal.

In the acute *Vaginal Catarrh* the swelling of the mucous membrane is very widely diffused, often extending to the vulva, and sometimes the inflammatory swelling extends to the labia and external genitals. The os tinæ and neck of the uterus are thickened. The turgid distended mucous membrane is smooth, tense, and deeply reddened, hot to the touch, and extremely sensitive, so that an examination with the finger or the speculum, during the first days of the disease, is attended with much pain. The mucous membrane is overlaid with a slime, which, at the beginning is colorless, thin; but later, becomes yellow, cream-like, tenacious, and daily becomes thicker, and so acrid, although not so frequently as in syphilitic leucorrhœa, as to render the parts with which it comes in contact—the external genitals, and the internal surface of the thighs—red and sore. The secretion, however, soon becomes thicker, pus-like, milder, and more profuse. The patient complains, at the beginning, of heat, burning, itching, titillation, pain in the vagina, which are especially increased by movement, the friction during walking, and during urination; the pains sometimes extend down into the thighs; the bladder, urethra, and rectum, often partake of

the irritative symptoms of the part; in some rare cases the inguinal glands also suffer with swelling; in irritable subjects, or with great intensity of the local affection, fever of an erethic character is also developed. By degrees all the symptoms diminish; the discharge becomes less, and finally entirely disappears, or the acute form passes over and assumes the form of chronic leucorrhœa.

Chronic Leucorrhœa, which may be developed from an acute catarrh, or as an idiopathic affection, is a mucous discharge, either from the mucous membrane of the uterus or the vagina, or both. Only a careful examination with the speculum can determine with certainty the source of the secreted mucus, although the history of the case and the associating symptoms may afford a strong presumption that the leucorrhœa is the result of a morbid condition in the uterine or vaginal portion of the mucous membrane.

The quantity, nature, thickness, and color of the mucous secretion is subject to extraordinary variations. The quantity is sometimes so profuse as, from its long continuance, to draw after it all the prostrating consequences of an excessive loss of fluids, and often so moderate as to produce no sensible effect upon the general condition and strength of the patient. It may be thin, half transparent, or opaque, white, milk-like, yellowish, greenish, reddish, or brownish; or it may be thin, watery, or thicker, cream-like, or bilious or albuminous, sometimes mixed with mucus and blood; usually mild, but also sometimes like the smell of rank cheese, and so acrid and corrosive that the external parts, from constant contact, are kept in a continual state of soreness and excoriation. It may flow off without being remarked, but in some cases it accumulates in large masses of mucus, back in the folds and in dependent portions of the mucous membrane, or in the uterine cavity, and is suddenly discharged with a feeling of labor-like pain and urging.

The discharge is relatively more profuse a short time before and after each menstrual period, after sexual excitement, being heated from irritating drinks, exercise, and high temperature of the atmosphere.

The mucous membrane usually feels cool, soft, loose, and relaxed, the vaginal canal is often dilated, and its rugous condition increased; the mucosa is rarely redder, but most generally paler than in the healthy state; at times it feels as if granulated; the uterus is meanwhile enlarged, and the os uteri somewhat opened. The

patient is without local pain, or only experiences an itching in the parts, and a sensation of heaviness in the sacrum, and drawing in the thighs.

Aside from these difficulties, it is not unusual to find females affected with this discharge entirely well, even strong and enjoying robust health. Frequently there are irregularities in the menstrual discharge at the same time; they come on too soon, too late, and are scanty. At the time of the period and immediately after it, the leucorrhœa is more profuse; the menses may also be entirely suppressed. Females suffering from this affection are strongly disposed to sterility, and are especially indolent in relation to sexual excitement.

When leucorrhœa continues a long time, and with profuse discharge, or in weakly, irritable subjects, even with slight discharge, the general condition of the system begins to feel the effects of the exhausting drain. The patient experiences a degree of lassitude in the loins and thighs, complains of a dragging down and sensation of heaviness in the sacrum, of pains in the spine and occiput, of constant chilliness, is depressed, low-spirited, and wearied from the slightest exertion. The digestion also becomes disturbed, they are constipated, the skin becomes wrinkled and dry, there is often in the face an eruption of acne, the countenance is pale earthy, cachectic, the sunken eyes are surrounded with livid or brownish circles, the loss of strength increases, the pulse becomes weak, the general nourishment of the system suffers, and symptoms of anæmia and chlorosis, not unfrequently associated with hysterical appearances, become more clearly manifest.

The most important, and indeed only sure distinguishing mark between *uterine* and *vaginal* leucorrhœa, is by an examination with the speculum, through which, in the first variety, the discharge may be clearly seen flowing from the os tinæ, or mouth of the uterus. Some practitioners have endeavored to distinguish from the nature of the mucous discharge the source from whence it has been derived, and they hold that uterine mucus is always more tenacious, gelatinous, and thready, so that it can only be separated from the neighborhood of the mouth of the uterus with difficulty, and constantly exhibits an alkaline reaction; while, on the contrary, the vaginal mucus is thinner, not adhesive, or easily drawing out into threads, and shows an acid reaction. These characteristics have, however,

no great value, as others report to have found in the uterine mucous discharge, not only matter of thick, albuminous, but also of thin and watery consistence, and that the variety or peculiarities in regard to their particular chemical action has by no means been confirmed by subsequent experiments. Another mark of uterine leucorrhœa has been held to consist in this, that during the night no secretion of mucus takes place, as a sponge inserted in the vagina, during the night imbibes no mucus, as it does in vaginal leucorrhœa, but that immediately after rising and exercise in the morning, the mucus might be pressed out in large quantities.—*Dewees*. But this may also lead us into an error, as it depends much on the quantity secreted, whether it may be discharged during the night, and a horizontal position, or otherwise. Other signs, as, for instance, that in uterine leucorrhœa the mouth of the uterus is more opened, the body of the uterus somewhat swelled, the feeling of heaviness and weight in the sacrum more severe, and the disturbance of the general health more considerable, sterility more frequent, and the disease oftener incurable, have also only a relative value. Of greater importance in this connexion is the condition of the menstruation, as its disturbance must be greater in uterine than in vaginal leucorrhœa.

Blatin and *Nivet* have never observed, in vaginal leucorrhœa, sympathetic affections in other organs, as, for instance, the stomach; the presence of which may be an essential diagnostic symptom for the existence of uterine leucorrhœa. *Churchill* gives the following diagnostic characters for uterine leucorrhœa: 1. The discharge, which is found mostly among young unmarried females, in the months immediately preceding the appearance of menstruation, indicating a commencing activity of the uterus, with deficient afflux of blood. 2. If the discharge continues in the interval between the periods, after a suppression of the menses. 3. If the discharge is permanent, some days before and immediately after the monthly flow, the quantity is increased, while the catamenial discharge is diminished by degrees, or until the one assumes the place of the other. 4. The coincidence of menorrhagia with leucorrhœa, upon which the last disappears and reappears again in the intervals between the return of menorrhagia. 5. The appearance of leucorrhœa at the time when menstruation disappears, or its monthly appearance instead of it. 6. The appearance of leucorrhœa in the place of the menses, among chlorotic females. 7. The leucorrhœa which

comes on as a termination of abortion, associated with a sanguinous secretion. 8. The termination of the lochia in a colorless discharge after confinement.

The acute form of leucorrhœa, like other catarrhal affections, usually continues for eight to fourteen days, and even three weeks, and often disappears without leaving a trace behind. Not unfrequently, it passes over into a chronic form. Chronic leucorrhœa has no definite period for its continuance. It may continue for months or years, and even for a lifetime. It may either terminate in health, inasmuch as the discharge gradually disappears, and the parts assume a normal condition,—which sometimes happens upon the appearance of pregnancy, or when the patient is attacked with some acute intercurrent disease, as, for instance, intermitting fever,—or it may continue in so slight a degree as to excite no perceptibly injurious influence upon the general health of the patient; or it may occasion various after-diseases. Among the most frequent of these is sterility, especially in old leucorrhœic subjects, or they are very subject to abortion after having become pregnant.

The loss of fluids may occasion, as we have already remarked, defective hematose, anæmia, hydrops, or marasmus, and some have remarked a *tabes dorsalis*, similar to that caused by loss of semen, as coming on from excessive leucorrhœic discharge. Locally there may be occasioned, from a relaxation of the parts, a prolapsus of the vagina and uterus, and often, ulceration.

The suppression of leucorrhœa suddenly or by improper means may also be followed by dangerous consequences. In place of the previously copious and suddenly arrested secretion from the genitals, there may come on a diarrhœa of serous character, or what is of far more dangerous consequence, a bronchitis with copious discharge, inundating the bronchia with mucus, and which may also terminate fatally. Other dangerous consequences, such as swelling of the joints, have been observed after the suppression of leucorrhœa. These are especially to be found in cases where congestions to other portions of the system, or affections of the chest are present, or indeed have previously existed. We have observed a pulmonary phthisis to come on and run its course, which had apparently no other exciting cause than a sudden and unwarrantable suppression

of this discharge. *Lisfranc* observed that consumption frequently exercised a retarding influence upon leucorrhœa.

Diagnosis.—Sufficient has already been said in reference to the marks of distinction between Uterine and Vaginal Leucorrhœa.

There are many *organic affections* of the uterus and vagina, such as Carcinoma, Polypus, and Ulceration of the parts, which are likewise attended with a discharge from the genitals, and without a careful examination into the nature of the case, may be easily confounded with a simple catarrh of these parts. *Lisfranc* has observed, and the observation has been repeatedly confirmed by others, that, of twenty females who have been longer than one month affected with a tolerably copious leucorrhœa, at least seventeen are suffering with a more or less considerable organic affection of the uterus or vagina. In regard to the precise nature of such an affection, only a careful examination with the finger or speculum will enable us to arrive at a positive conclusion. From the nature of the discharge, we may, in certain cases only arrive at probable results, that for instance carcinoma or ulcerative alterations are present when the secretion is discolored, pus-like, ichorous, fetid, blood-streaked, &c., and this supposition will be strengthened when we find it in connexion with acute lancinating pains, but the certainty is only to be arrived at by means of a careful exploration.

Syphilitic Leucorrhœa is only a variety of this affection, differing in its origin, being the result of a specific contagion, and assuming the peculiar nature of the original infection. To distinguish this variety from simple leucorrhœa, numerous characteristics have been given, of which many are of doubtful value and have no practical utility.*

* Some, for instance, have maintained, that in Venereal Leucorrhœa, the urethra is especially affected, and that from this source a large quantity of mucus is poured out. But experience has not confirmed this observation. Other physicians lay great value upon the continuance of the mucous secretion during the menses. If it continue during the menstruation, it is considered as a proof of the syphilitic nature of the leucorrhœa; but others also hold that if the discharge ceases during the menstruation, and then comes on again after its cessation, it is proof to the same effect. But simple leucorrhœa, as experience abundantly shows, may also continue during the menstrual flow. *Donne* gives, as a diagnostic mark, that in the venereal discharge, microscopic animalculæ—the *Trichomonas vaginalis*—are to be found, which are wanting in simple leucorrhœa. These animalculæ, when magnified 200 or 300 times, have a roundish or oval-shaped body,

Only an examination with the speculum enables us to solve all doubt, and from the general fact that venereal leucorrhœa is usually much more corrosive and irritating than that of a simple character. The gonorrhœic source of the disease is placed beyond all doubt, according to *Ricord*, so soon as we discover, by means of the speculum, the existence of erosions and small superficial ulcerations upon the mucous membrane of the neck of the uterus, which are present in nineteen cases out of twenty of this character. The urethral secretion is much more frequently met with in the gonorrhœic than in simple leucorrhœa, the inguinal glands are more frequently swelled, the pains are more violent, and the discharge is infectious.

Causes.—Leucorrhœa sometimes appears in quite young girls, of three, or five, or eight years of age, in an acute form, and usually has its seat at the entrance of the vulva and external genitals, and deserves attention, as it may indicate a morbid condition of the system, or the existence of habits of a very prejudicial character. It is sometimes the case that a catarrhal affection of the vaginal mucous membrane spreads epidemically among little girls of this age. Besides this, the disease may be the consequence of onanism, uncleanness, or, may arise under the influence of an herpetic or scrofulous diathesis.

Most commonly the disease occurs from the age of puberty, to the climacteric period, and it often only disappears at quite an advanced period of life.

Individuals who are especially disposed to chronic leucorrhœa, are mostly of weak, phlegmatic, lymphatic constitutions, blondes, with tender, delicate skin and relaxed habit, more than brunettes with firmer fibre and tone.

Whatever tends to the formation of mucus, favors also, the development of leucorrhœa, and we hence see this affection often in connexion with helminthiasis and other pituitous conditions.

Acute leucorrhœa appears most frequently as the consequence

about the size of a pus-globule, and bear on the forward end a trunk or proboscis, about twice as long and very movable; and where this is attached to the body, on each side, there are from three to five short thin lashes or pendants, which are constantly kept in a rotating movement. According, however, to Froriep's and Gluge's examinations, the appearance of these animalculæ in the syphilitic vaginal mucus is by no means a constant phenomenon.

of a chill, from sitting on cold stones or on damp ground. It often comes on in consequence of atmospheric changes of a prejudicial character, at the same time with catarrhal and rheumatic affections in other parts of the system.

The causes of Chronic Leucorrhœa are partly such as exercise a weakening influence upon the general organism of the female, and partly such as act locally upon the sexual system to depress its energies. Among the first, may be mentioned, a relaxing, sitting, indolent manner of life, bad, indigestible nourishment, excessive use of warm, relaxing drinks, as tea and coffee, exhausting diseases, loss of blood and humors, depressing mental emotions, inappropriate and unusual physical exertions, night-watching, excitement of the imagination, living in damp houses, in moist, cold, low, and foggy regions. (In Holland the disease is very prevalent.) In large cities and in hot regions, leucorrhœa is often endemic. Local exhaustion of the sexual system is induced by previous inflammation, acute leucorrhœa, copious menstruation, too frequent coition, metrorrhagia, onanism, giving birth to children in rapid succession, abortions, omission of nursing when there is a copious supply of milk, abuse of warm feather beds, footstoves, and warm stove-rooms, warm seat baths and emmenagogues.

Local medical or chemical irritation may likewise occasion leucorrhœa. It arises sometimes from the irritation of pessaries, or from ascarides, which crawl out of the rectum into the vagina, and there form their nests; from the irritation of any foreign body; from frequent injections; from the nearness and sympathetic irritation of hemorrhoidal tumors, eczema, &c. Dyserasic irritations may also be named among the causes of this affection; scrofula, hemorrhoids, gout, suppressed eruptions of the skin, foot-sweats, &c. Among the most frequent causes and concomitants of leucorrhœa, belong erosions and simple ulcerations of the neck of the uterus, and congestive or inflammatory swelling of the organ itself.

The *Prognosis* of leucorrhœa presents no great difficulties. Acute leucorrhœa is rarely dangerous, and generally yields to the appropriate remedies, without leaving any residuum. The chronic form of this affection, however, often presents a more obstinate front, and a justifiable prognosis depends upon the following considerations. Our ability to remove the occasional cause, the length of time the discharge has continued, its quantity, nature, the greater

or lesser degree of the reflex action from the loss of fluids upon the general constitution, the condition of the digestion, and the general nourishment of the system. If we are able to remove the exciting cause, and unless these several symptoms present an extremely unfavorable aspect, the affection will be found entirely within the reach of the appropriate treatment of our school. If ulcerations, organic changes, or displacements have taken place in consequence of long-continued irritation, and the relaxing influence of the discharge, our ability to cure it will depend much upon the removal of these now exciting causes. Uterine leucorrhœa, on account of its consequences (sterility, abortion, &c.), as well as its more powerful influence upon the general system, is of much greater importance than vaginal leucorrhœa. Patients of lymphatic constitution are much more difficult to cure than the opposite. Swelling and degeneration of the uterus are not unfrequent consequences of this affection. Puberty and pregnancy often exercise a favorable influence upon the disease.

Treatment.—An attack of Acute Leucorrhœa requires no very great attention in order to a prompt cure. The patient should abstain from any severe exercise, or even maintain a recumbent posture on a sofa or mattress, the bed being too heating, and abstain from the use of exciting or heating food or drink. If some degree of fever should be present, *Aconit.* will be in place, and may be frequently repeated. If there is constant chilliness and discharge of thin, acrid, excoriating mucus, burning sensation in the vagina and labia, disposition to lie down, and low spirits, *Pulsatilla* will be appropriate. Should there be burnings in the urethra and painful micturition, with frequent desire, *Cantharides* or *Cannabis* will be proper remedies. After the more acute symptoms have passed over, resort may be had to the after-mentioned remedies, according to their several indications.

If there is reason to suspect also the existence of gonorrhœal or syphilitic virus with simple leucorrhœa, characterized at first by the inflammatory symptoms, such as frequent micturition, with painful desire, and passing but little at a time, with painful urging, and subsequently with thicker corrosive or offensive discharge, then *Cantharides*, *Cannabis*, *Nitric Acid*, *Mercurius*, and *Thuja*, or others, will be in place, to be selected in accordance with the symptoms.

For the cure of Chronic Leucorrhœa, care must be taken to

remove the occasional cause, and to place the patient under a proper regimen in regard to diet and habits of life. Relaxing drinks, late hours, excited fancies, highly seasoned or spiced food, too frequent embraces, and especially whatever tends to induce sexual excitement, and thus induce a congested condition of the genital organs, must be abandoned. Coffee, according to Lisfranc, is one of the most prejudicial articles that can be used by such patients. On the other hand, exercise in a healthy atmosphere, a suitable nourishing diet, sleeping not too long or too warm, frequent dry friction of the skin over the body, very much promote and sustain the cure. If ulcerations or organic lesions are the cause of the difficulty, their cure falls under the range of general treatment to which our curatives must be applied.

The most frequently used remedies are in general, *Calc.*, *Merc.*, *Puls.*, *Sepia.*, *Sulph.* Then we have as almost equally useful medicines; *Allum.*, *Carb. an.*, *Carb. veg.*, *Caust.*, *China*, *Cocc.*, *Con.*, *Graph.*, *Kali carb.*, *Kreas.*, *Lycop.*, *Magn. c.*, *Magn. m.*, *Mez.*, *Natr.*, *Natr. mur.*, *Nitr. acid.*, *Nux vom.*, *Petrol.*, *Phosph.*, *Sabin.*, *Sil.*, *Stann.*, *Zinc.*

INDICATIONS.

Aconite.—For copious, tenacious, yellowish leucorrhœa.

Ambra.—Copious leucorrhœa passing off at night; discharge of bluish-white pieces of mucus from the vagina; thick slimy whites increased from day to day, accompanied with a stitch in the vagina before every discharge.

Alumina.—Leucorrhœa, during and after the catamenia, often *acid*, and at times copious, with burning and soreness of the parts, relieved by bathing the part in cold water; discharge *like water in which flesh has been washed*, passing off after the menses, or also at night, or in the afternoon while walking out, or also while sitting; or, of *transparent mucus*, sometimes like water, making the linen stiff; or, very profuse only during the day; or, of yellowish mucus, with itching of the parts.

Ammon. Carb.—*Profuse acid excoriating* leucorrhœa; or, also watery and burning.

Ammon. Mur.—Leucorrhœa, with distended abdomen; also, like the white of egg, accompanied with pinching about the navel; or, painless discharge of brownish mucus passing off with every urination.

Antimonium Crud.—Discharge of acrid corrosive water from the vagina.

Arsenicum.—*Acrid, corrosive*, and somewhat profuse leucorrhœa, *thick and yellow, excoriating the parts* with which it comes in contact; while standing, the whites drop down with a discharge of flatulence; discharge of bloody mucus after the menstrual flow.

Baryta Carb.—Leucorrhœa of bloody, slimy character, with anxious beating of the heart, uneasiness in the abdomen, pains in the loins, and weakness even with fainting.

Borax.—Leucorrhœa like mucus, or like the white of egg, or starch, discharged with a sensation as if warm water was flowing off; also, leucorrhœa of long standing and *excoriating*.

Calcarea Carb.—Leucorrhœa, *before the menses, like milk*, or pearl white, or *burning, corrosive leucorrhœa*; itching and *burning* of the parts, with the discharge of whites; the discharge passing off mostly at the time of urinating, or in gushes, but yet constantly more or less, and of milky consistency.

It is very appropriate for *young plethoric females*, of *leuco-phlegmatic temperament*, relaxed habit, and when the *menses are too frequent and too profuse*, disposition to leucorrhœa, cold in the head, or diarrhœa, or for young girls.

Carbo An.—Leucorrhœa yellowish, watery, thick, *corrosive, burning, and excoriating the parts*, with violent *pains in the loins, as if the back was broken*, either walking or sitting, or which colors the linen yellow; one of our most valued remedies.

Carbo Veg.—Leucorrhœa before the menses, thin and copious, passing off on rising; or, milk-colored, and *excoriating the parts*; thick, yellowish, or white, with soreness of the parts; discharge of bloody mucus from the vagina.

Causticum.—Profuse leucorrhœa, passing off at night, and having the odor of the menses. Leucorrhœic discharge passing off after previous cramps in the abdomen, and with discharge of flatulence, and after drawing and bruised soreness in the back, loins, and abdomen, and with painful accumulation of flatulence.

Chamomilla.—*Yellow, corrosive leucorrhœa*; acrid, corrosive, watery discharge from the vagina after dinner. Burning pains and smarting in the vagina.

China.—Leucorrhœa before the menstrual flow, with painful bearing down towards the vulva and rectum; *bloody*, or bloody serous, with discharge at intervals of dark, coagulated clots, or

putrid, pus-like material, with troublesome itching, and spasmodic constriction of the internal parts, and, at the same time, a painless induration of the neck of the uterus. Very suitable for weakly, feeble, leuco-phlegmatic persons; disposition to catarrhs, cold in the head, and other mucous discharges.

Conium.—*Corrosive leucorrhœa, excoriating the parts; discharge of acrid mucus*, which occasions burning; thickish milk-like leucorrhœa, with labor-like constrictive pains in the abdomen, or also bloody. Before the discharge from the vagina, *pinching in the abdomen*; weakness and lameness in the loins; pains in the abdomen.

Ferrum.—Biting and corrosive leucorrhœa, like milk and water; *exhausted, feeble*, pale, earth-colored face, pale lips.

Graphites.—Leucorrhœa like water; very profuse, especially before and after the menses, or also white, slimy, or with weakness in the loins while walking or sitting; very severe day and night, especially in the morning on rising; or thin fluid, with distended abdomen. Especially indicated for persons subject to erysipelas, or herpetic eruptions, &c.

Iodium.—*Leucorrhœa of long standing*, most profuse at the time of the menses, and excoriating the thighs; it renders the corrosive discharge milder, and diminishes the quantity.

Kali Carb.—*Discharge of leucorrhœa attended with severe pains in the loins*, and labor-like pains in the abdomen. Yellowish leucorrhœa, with itching of the parts.

Kali Hydr.—Thin and watery leucorrhœa, and so acrid as to excoriate the parts. During the discharge, biting and erosion of the parts.

Kali Bich.—Thick leucorrhœa, with weakness and pain across the small of the back, and dull pains in the hypogastrium.

Kreosot.—*Leucorrhœa, with great weakness; mild and corrosive leucorrhœa*; white painless discharge after previous pains in the loins, with heat in the face, and flowing off like the menses; wholly white, and smelling like fresh-plucked corn; acrid, and whitish yellow, and making spots on the linen of the size of a shilling, attended with itching and erosion of the vulva; or yellowish, making yellow spots on the linen, attended with great weakness of the legs; or making spots as from flesh water, and with putrid odor; or discharge of mucus and blood from the vagina in the morning on rising.

Lachesis.—Leucorrhœa, especially before the catamenia, three or eight days; copious corrosive mucus, which makes the linen stiff and full of greenish spots, at the same time the menses are too short and scant, yet at the proper time.

Lycopodium.—When the discharge takes place in gushes, and is preceded by cuttings in the abdomen, either milk-like or brownish-red, before the full moon.

Magnes. Carb.—White, slimy, corrosive *leucorrhœa*, passing off after previous cramps in the abdomen.

Magnes. Mur.—*Leucorrhœa* discharged, especially during movement, or after previous cramp in the abdomen; scirrhus hardening of the uterus.

Magnes. Sulph.—Burning *leucorrhœa*, especially also during movement; also *thick*, passing off like copious menses, with bruised, depressing pains in the loins and thighs.

Mercurius.—Vaginal discharge, mild or *corrosive*; white and pus-like, or excoriating, or greenish, especially at night, from eight to ten o'clock, with nightly biting in the parts, exciting one to rub them, with burning afterwards; or discharges of pieces of *mucus* the size of a hazelnut, and *pus-like flocks*, from the vagina. Inflammatory swelling of the parts, which are excoriated and sore; relaxation of the parts, and prolapsing of the vagina.

Mezer.—*Leucorrhœa of long standing and of pernicious character*; also albuminous, or mucous; one of our most valued remedies.

Natrum Mur.—*Leucorrhœa* passing off at night, or in the morning on rising, after previous contractive pains in the abdomen, and bearing down as if the menses would come on; *corrosive*; also with yellowness of the face; itching, or also excoriating; or greenish, flowing off especially during walking; with headache, pains in the abdomen, and inclination to slimy diarrhœa; *very profuse*; also of transparent, white, thick mucus.

Nitric Acid.—*Tenacious, thready, mucous, flesh-colored leucorrhœa*; profuse; of greenish mucus soon after the menses; also brownish, brick-colored, and of putrid odor; *slimy, bad-smelling, corrosive leucorrhœa*.

Nux Vom.—*Yellowish-colored leucorrhœa, of putrid odor*.

Petrol.—*Leucorrhœa*, like the white of egg, with libidinous dreams.

Phos.—Biting corrosive leucorrhœa, which raises vesicles on the part, or reddish discharge among old females.

Platina.—Leucorrhœa like the white of egg, passing off only by day, sometimes after urination, and partly after rising from a seat.

Pulsatilla.—Leucorrhœa, with burning; or thin and corrosive, or milk-like and painless, or with swelling of the vulva, and especially after the menses; or of *thickish whitish mucus*, especially remarked on lying down, or before and during the menses, and with cuttings in the abdomen. Very appropriate where the affection may have been occasioned by moist cold, or where there is delaying or tardy menses; or in young girls, where the menses have not been fully established.

Sabina.—Itching, or yellowish, putrid, thick leucorrhœa; quite profuse, with itching of the parts, and suppression of the menses.

Sepia.—Leucorrhœa, with stitches in the uterus; with itching in the vagina, or also on the vulva; with distension and heaviness of the abdomen; profuse, especially after urination; also corrosive, and attended with much pain on walking; profuse, with discharge of pieces of mucus of putrid smell; with drawing pains in the abdomen; yellowish, or of yellow water; of *mucus as clear as water*; like milk only by day, and with burning between the legs, making them sore; of the appearance of pus; bloody mucus; discharge of greenish-red fluid from the vagina during pregnancy.

Particularly appropriate for delicate females with fine, sensitive skin, pale face, or yellowish spots on the face, distended abdomen, subject to megrims or frequent recurring headache, bearing down or frequent urination.

Silicia.—Acrid, excoriating leucorrhœa; leucorrhœa, like milk, passing off in gushes, and after previous cutting in the umbilical region, also passing off during urination.

Stannum.—Yellowish leucorrhœa, with great lapse of strength.

Also very profuse leucorrhœa; before the menses; thin, in the morning after rising, and preceded by cuttings in the abdomen; yellowish, with previous pinching in the abdomen; leucorrhœa continuing fourteen days after the menses, like nasal catarrh; acrid and biting like salt during its discharge; *which makes the parts sore*, and with burning pain; leucorrhœa preceded by cuttings in the abdomen.

Thuja.—Leucorrhœa.

NUX VOMICA.

COMPILED FROM DR. KASPAR'S LECTURES BY CARROLL DUNHAM, M.D.

THE primary action of *Nux Vomica* is exerted exclusively upon the *Nervous System*, inducing, first, *variation in the intensity of action* of that system, viz., *excitation*, soon followed by *torpidity*, and secondly, *alteration in its mode of action*.

The *Motory* or *Centrifugal* factor of the nervous system is especially affected. The *Central* portions (the ganglia and the spinal cord themselves) are more affected than the *peripheric*, and above all, the *abdominal ganglia* and those parts of the *spinal cord* in immediate connexion with the *diaphragm*.

1. *Spinal Cord*. The action of *Nux* is chiefly on the motory or centrifugal factor, producing spasm, especially in the abdomen and lower extremities, rather tonic than clonic, induced by very slight exciting causes, even by change of weather. *Individual Symptoms*.—Jerking, stiffness, cramp, spasm of the pharynx, and of the anus, erection of the penis, spasm of the bladder, in a word, of all the half voluntary muscles, spasmodic distortion of the face and mouth. Trismus, spasm of the tongue (followed by partial paralysis) of the œsophagus and rectum. All of these symptoms are followed by torpidity and temporary partial paralysis.

2. *Vegetative System, Motory Factor*.—Dilatation and contraction of the iris, spasm of the stomach and intestine. The chief malady of this system, bearing close relation to the symptoms of *Nux* is *cardialgia*, both presenting us eructations, nausea, vomiting, constriction and protrusion of the intestine, painful anti-peristaltic motion, palpitation, pulse momentarily irregular.

3. *Cerebral System*.—The character of the phenomena induced by *Nux* in this system is similar to that above depicted, but the phenomena are less strongly pronounced. They are the reflex of those induced in the spinal and vegetative system. The *Organs of Sense* are strongly influenced, but those functions which are peculiarly cerebral (*i. e.* sensorial functions, phantasy, &c.), are but slightly affected. Susceptibility to mental and sensuous impressions is greatly increased; this condition is soon followed by one of *apathy*,

in which, however, consciousness is preserved. (N.B. Under the action of Stramonium and Hyoseyamus, in a corresponding condition, consciousness is lost.)

4. The *Pains and Sensations* excited by Nux are such as usually accompany spasm—cramp-pains, jerking, &c. A feeling of exhaustion, a sensation as if beaten, is very constantly observed.

Phenomena of the Vegetative Life generally.

1. *Vascular System.*—Increased activity, soon followed by exhaustion, hence Nux rather retards than accelerates the circulation (causing congestions). The general effects of Nux in this respect resemble those of Cocculus and Ignatia. The frequently-observed phenomenon of external cold, with internal heat (and vice versa), is important, as showing this state of partial excitation and partial torpidity.

Character of the Fever.—Violent chill, external heat with internal cold, and vice versa. The thirst is slight, or there is great thirst at the period of greatest coldness (showing that the latter is a consequence of alteration of nervous functions, and not of an immediate vascular excitement; this is shown, too, by the *fact that drinking rather aggravates than relieves the thirst*).

2. *Assimilation.*—The effects of Nux are very complex, its especial action being upon the abdominal ganglionic system. A habitus gastricus is the chief indication for its administration; a skin yellowish or earthy, eyes yellow or dirty-looking, tongue coated, teeth yellow, irritability of temper, hypochondriasis, hysteria.

3. *Gastric Phenomena.*—These depend on alteration in the mode of action of the nerves. The gastric secretion is modified, the odor of the breath is unpleasant, the taste is salt or bitter. These phenomena depend on the condition of the stomach, and not upon any altered state of the mouth, as appears from the fact that the sense of taste retains its full power of distinguishing different articles and qualities of food (a characteristic of Nux), bulimy or anorexia. While eating, nausea, headache, tormina; *after eating*, these symptoms are aggravated, eructations, vomiting, which is never profuse, but is generally sour or bitter mucus. *Thirst*, yet drinks are not well endured. Although these symptoms occur after eating, they are also manifested at other times—an evidence of the *alteration of nervous action*.

Morning Vomiting.—The secretion of the stomach and intestines, especially of the latter, is diminished in quantity (hence constipation), as well as altered in quality (hence irritation and tenesmus). Fæces are diminished in quantity, hard, dark, and compact.

Hepatic System.—On this system Nux acts powerfully. Its effects are rather dynamic than organic. The secretion of bile is markedly increased.

Genital System.—Erethism, manifested by pollution, and too rapid emission; or again, as the result of over excitement, by loss of erectile power. Menstruation too early and too copious.

Respiratory System.—Spasmodic action. The secretion of the mucous membranes is diminished; they are irritable, hence a cough is easily produced; a dry, tickling, cough, with scanty, thick, tenacious expectoration. A frequent sensation of constriction, arising partly from spasm, and partly from congestion.

Characteristics.—1. High excitement of the whole nervous system, especially, however, of those parts of the spinal and ganglionic system, which lie below the diaphragm; especial relation to the motory sphere; hence spasm, both tonic and clonic.

2. *Vascular System.*—Excitation and impediment, each of these phenomena having the character of partiality.

3. Powerful effects upon the vegetation, especially in the digestive canal; hence gastric affections predominate. *In general*, diminished secretions (hence constipation); irritation of the thoracic organs; sexual erethism; too early menstruation. *Seldom pain*, with the exception of *headache*; rather, *sensations* are produced.

Administration.—Nux is especially appropriate to diseases of men, lean, of strong fibre, who take rich food, are given to spirituous drink, and to mental labor; in following diseased conditions.

1. *Nervous Affections.*—*Spasm*, general or partial, especially of the lower part of the body, especially those which involve at the same time the muscles of both the animal and vegetative spheres; in all cases where Nux is indicated, *consciousness must be retained*; cases in which pressure or *warmth applied to the vertebral column* provoke the spasms. *Tonic spasm*, in the forms of tetanus, trismus, eclampsia infantum, &c. Nux is a very important remedy in

cases of trembling induced by metallic poisoning,* and in saturnine colic. Spasms of the pharynx and larynx and of the diaphragm; angina pectoris. Spasm of the stomach; spasmodic vomiting with scanty evacuation; vomiting during pregnancy. Hernia. Flatulent and menstrual colic.

Over-excitability of the senses. Irritation of the spinal cord.

2. *Intermittent Fever*. Nux is probably indicated in nine cases of every ten. (It will be remembered that these lectures were delivered in a suburb of Vienna, in which a peculiar form of Intermittent Fever is endemic.—C. D.) These cases are distinguished by certain gastric phenomena; the complexion is of a light icteric hue; there is obstinate constipation, with violent pain in the loins. The cold predominates. *Thirst* is present, yet drinking aggravates the symptoms.

3. *In Typhus*, Nux is only sympathetically indicated, when there is continued constipation, or in the mild form of typhus, attended by the peculiar gastric symptoms of Nux.

4. Subacute and chronic muscular rheumatism; certain forms of delirium tremens; nervous vertigo, depending on abnormal affections. Morning vomitus after a debauch. Headache after meals; the cephalic congestion always, if conjoined with gastric phenomena.

5. In gastric derangements from use of coffee; dynamic affections of the liver. In hernia, both free and incarcerated. In hemorrhoids. In neuralgia. In catarrh, with dry, laborious, tickling cough; with spasm, and even vomiting.

ARRANGEMENT OF THE MATERIA MEDICA OF HOMŒOPATHY.

BY DR. W. GEIB.

THERE is probably no subject, now engaging the attention and interest of the Homœopathic physician that stands more in need

* For poisoning by Arsenic, with trembling of the hands, in the case of hat-makers, they give, in the General Hospital (Allopathic) of Vienna, sulphur, in drachm doses, and relieve the patient generally in about four days.—C. D.

of investigation and reform, or promises a greater harvest of usefulness, than the arrangement, for practical use, of the *Materia Medica* of our school.

The work of proving and re-proving medicines, and a faithful and truthful record of the results, provided always that these emanate from sources which are rendered reliable, not only by intelligence, but a magnanimous freedom from selfishness, must necessarily constitute the foundation of Homœopathic practice.

Our remedies have already reached a catalogue of four hundred names, and the task of augmentation is still progressing. And we possess a work comprising our *Materia Medica* which deservedly ranks among the literary wonders of the age. It is a monument of praise and gratitude for the great talent, industry, and professional knowledge and skill which have aided in its construction, and for the personal sacrifices made by those who, in proving the medicines which compose it, became the voluntary martyrs of benevolence.

As a general record of a mass of facts and their concomitant circumstances, we could probably not desire a different work; and certainly no physician of the Homœopathic school can regard his library as complete without its presence.

It is, however, the Bible of our literature; embodying, as such, the matter and authority of our school, and supplying not only a general depository of knowledge, but also a standard for general reference. Still, for the immediate purpose of practice, it certainly falls considerably short of our wants in several of its attributes.

Its bulk alone is sufficient to discourage its use in practice; and the chaotic nature of the mass presented to the eye in the matter of its contents is still more so. And while the practitioner feels most urgently that pathogenesis, or the provings of the medicines, is the place to find the counterpart, or the corresponding picture of his case, he is repelled by the agglomerate character of the matter in which it is to be sought, and to which the repertories, or practical books of the day, refer him for confirmation of the prescriptions they contain. From which, it is to be apprehended, too often results an empirical practice in the dispensation of our specific remedies, that is more apt to disappoint the doctor than to promote the good name of Homœopathy.

The terms Pathogenesis and Pathology may be said to supply a name for the doctrines of artificial and natural disease. The first

resulting from experiments on persons in health, consisting in the morbid influences of medicinal substances; the other from the exhibition of disease in its natural state, as seen in the sick.

The object of this notice will not be to discuss the essential merits of those two important fundamental departments of Homœopathic science, but merely to refer to the means which they may afford the practitioner in reaching a correct diagnosis of his case.

These two branches of our *Materia Medica* are to be regarded as possessing equal importance, and being equally imperative in their call for our care and attention, as the counterpart of each other. When united in the mind of the student, they must ever be, in specific medicine, all-powerful; for in these he is fortified by theory and example, and approaches his case with the confidence which in our cherished system is always the warrant of success. But, removed from each other, and studied separately, they are deprived of much of the force which, like two friends, they will ever enjoy in a faithful union of purpose.

Our ruling maxim, *similia similibus curantur*, is intended to mean, that each proving of a medicine has its corresponding proving or manifestation in natural disease. If this is so, then the study of the natural phenomena of disease would appear to possess quite as much, if not more importance than that of the pathogenesis itself. This latter, indeed, always remains subject to doubt and suspicion, until it receives the sanction of clinical information.

Morbid phenomena should ever constitute one of the principal studies of the student of medicine, be his therapeutic theory what it may. His business is with the sick, and if his mind is well stored with "the ills that flesh is heir to," if he knows the theory of their action, and more especially if he is prepared by experience to recognise a case with which previous examples have made him familiar, his chance for a speedy cure is necessarily much enhanced.

In the prosecution of our vocation, the first object demanding our attention, is the diagnosis; and in the repetition of our visits to the sick, this call ever recurs; for the disease, through its various phases, may demand a change of remedy, adapted to the existing phenomena of the case.

May we not then conclude that the study of *natural* morbid phe-

nomena, covering the *causes* and *effects* of all known diseases, or the science of pathology, calls as loudly on our attention as the science of pathogenesis? These must ever be regarded as twin brothers, united, like the far-famed Siamese, by an inseparable bond of union; and while their individuality and organization depend on their separate resources, their actions depend on one united social interest.

Is not our *Materia Medica* susceptible of improvement in the arrangement of its matter? would it not be desirable to give each proving an individual insulated position, in order that it may retain the full amount of its importance and influence, as in Hahnemann's *Materia Medica pura*? Would it not also be advisable to divide and subdivide the pathogenesis as far as admissible, under various heads, governed by the regions and organs that appear to be principally acted on in pathogenetic experiments? also to separate entirely the clinical part from that which is purely pathogenetic, observing, in the arrangement of both, a corresponding order that may favor as much as possible the apposition of remedy and disease?

If our cherished maxim remains unimpeached these two works would necessarily be collateral in subject and extent, and merely differ in the origin of their contents; the one coming from the effects of medicine, and the other from the effects of disease on the healthy organism.

By this separation and arrangement of these two subjects, their relative bearing in the philosophy of our science would be more fully and much more satisfactorily presented than now, to the contemplation of the student and practitioner of Homœopathy, and would guarantee, with much more certainty, the success of our conclusions in the adaptation of disease and remedy.

Nosology, unless properly adapted, could have little or nothing to do with such a work. The phenomena or symptoms of pathogenetic and pathological diseases, necessarily the same, both consist in some change in the health, or in the vital actions, that can be instituted by our senses; something that is palpable to the feelings or to the touch, or can be appreciated by the eye, ear, nose, or tongue. And by whatever name these various phenomena, in their several combinations and departments, may be distinguished

in nosology, the only reliable distinction on which a presumption can be predicated is that exhibited in the phenomena of disease called its symptoms.

With this view of the subject, would it not be fruitful of benefit to the practice of Homœopathy, to collect all the known cases of disease, and arrange them in a way similar to the pathogenetic provings of the medicines, connecting the two by numerical correspondence? Having in this way two parts to our work of practice, the pathogenesis and clinique, with two other separate parts of the materia medica and pathology, the first of the latter two to contain all on the subject of the medicines except their provings, viz., botany, pharmacy, nosology, toxicology, &c., and pathology, all that is desirable on that subject, besides the symptoms.

In thus dividing that part of medicine which immediately refers to the ultimate duty of the physician, into four distinct works, now comprising the massive volumes which compose our materia medica, and especially if these should be subdivided into convenient volumes, conformably to the various departments of each subject, is it difficult to perceive that the practical literature of Homœopathy would experience a beneficial change?

It is to be desired that the intelligent disciples of our school may give this subject its merited attention, and your numerous readers (may I say) the benefit of their opinions. That these opinions may fully explain the true philosophy of the two principal branches, pathogenesis and pathology, as they are associated in every correct diagnosis, as well as the obstacles in the way, and the facilities for reaching this indispensable result.

Among the questions connected with this subject, one of paramount interest is, which, in a group of symptoms, is the paramount affection, or the pathognomonic characteristic phenomenon of the disease, and which are the concomitant. Do we prescribe for the cough, or for the organ in which the irritation is seated which produces it? for a pain, or the seat of its origin? for a reaction of the vital force, or for the primitive affection of which it is the sequence? and in prolonged pathogenetic experiments, what discrimination is to be observed in the record of progressive, consecutive, and sympathetic excitements?

This of course applies to a nice distinction between several remedies, for our medicines fortunately never disobey their laws,

and, let the arrangement of our books be what it may, if a right medicine is given, by quack or philosopher, empirically or *secundum artem*, it will be sure to do its duty, and excepting insurmountable counteracting conditions, a cure will be sure to follow such a prescription, not less astonishing to the ordinary observer than gratifying to the true disciple of the immortal Hahnemann.

REMARKS ON CANCHILAGUA.

BY DR. M. A. RICHTER, NEW YORK, LATE OF SAN FRANCISCO.

ONE of my objects in visiting California, was to examine and prove indigenous medicinal plants. I selected, first, the well-known Canchalagua, or Canchilagua, as the word is pronounced by the Californians,—also known by the name of *Gentiana de Peru* (see Dict.), an herb used by them in the form of tea, to cure the fever and ague.

It is a small grass plant, growing in patches, has a small red blossom, seldom white, not unlike that of the Forget-me-not (*Myosotis bot.*), a round woody stem, and similar branches, and lanciform small leaves. I have used the tincture for proving, which may now be found in the Homœopathic pharmacies, etc., being prepared to furnish any demand for the present. I enclose a history of the symptoms observed by myself. I have tried this medicine in tincture and dilutions and triturations, in different diseases, but especially in fever and ague, both chronic and acute, and invariably with good results, even after a long and ineffective use of quinine. It leaves the system comfortable, and especially free of that clammy coldness, which often remains after the suspension of this fever by quinine. It checks, generally speaking, the fever pains more promptly than electro-magnetism or galvanism, although this is an indispensable agent when there is induration in the liver, indicated by a distressing palpitation or pulsation. Canchilagua being, as a remedial agent, more reliable than a chemical preparation, viz., Sulphate of Quinine, which never will be pure and free of certain foreign atoms, resulting from a chemical process, it must be con-

sidered as a most welcome auxiliary in curing this troublesome chameleon disease.

Myself and others have besides observed that it is highly valuable in many gastric complaints, connected with engorgements of the liver.

Dr. Hoffendahl, in Boston, my most esteemed friend, always ready to try new agents in our art, confirming these observations, told me that this medicine brought much relief in a case of imminent delirium tremens.

I had no opportunity in California to have the Canchilagua proved by a female, but shall have it here, and shall not fail to publish the symptoms.

I add further, some clinical remarks extracted from my journal, kept in California. This I do rather reluctantly, with regard to publicity, because I know that all this requires perfection. Still, circumstances and time did not allow me to do more. It is well known how difficult is the task of personally proving medicines in the bustle of business and travelling.

JOURNAL.

1852, *Sept.* 6.—Tried Canchilagua with two fever and ague patients; one had it daily, the other every second day. The first was a seaman; had little sweat; chills; no shaking; exhausted; eruption around the mouth; offensive mercurial smell. The other was a mechanic; had nausea, vomiting, headache. Advised both to take warm baths, the skin requiring attention. The fever left both.

October 7.—Canchilagua promoted most powerfully, a tremendous alvine evacuation in a lady just delivered of a large child, and habitually constipated during pregnancy.

Dec. 14.—A short-build, corpulent baker, from New Orleans, who often has been under Allopathic treatment, on account of fever and ague, instantly relieved from the attacks by Canchilagua.

Dec. 15.—A gentleman from Canada, suffering from a tertian, and under influence of quinine, cured by Canch., taking it punctually, day and night.

Dec. 26.—A sea-captain from Massachusetts, somewhat advanced in age, and troubled with the fever and ague for years, took Canch.,

got cured, and remained well ever since. He turned homœopath, and supplied himself with books and medicine.

1853, Jan. 9.—An Englishman who brought this fever from the Isthmus, cured by *Canch.* Took warm baths besides.

Jan. 12.—A Methodist clergyman, who imported this fever from the Isthmus, cured by *Canch.* He has been subject to this disease in the Western States, and made, also, use of warm baths.

Jan. 12.—A merchant' clerk from Massachusetts, consumptive, and troubled with ague. The chills were instantly removed by *Canch.* Quinine in allopathic doses did nothing.

Feb. 13.—A lady from Massachusetts, treated allopathically, without relief, cured by *Canch.*, from a tertian with night sweats. She took alternately *Puls.*, on account of dysmenorrhœa.

March 23.—A gentleman of large dimensions, from Sacramento, relieved from a quotidian by *Canch.* This case was the more striking on account of his habit of smoking cigars most immoderately, for it seems as if strong smokers and chewers suffer more from this disease than others.

April 1.—Improved a lady, mother of several children,—who, since she had the fever and ague in St. Louis, treated allopathically, suffers from a chronic bilious intermittent diarrhœa,—by *Canch.* more than any other medicine. It seems as if *Canch.* is an antidote of Mercury.

April 5.—Cured two gentlemen, one a strong smoker and chewer, by *Canch.*, from chills. *Canch.* may be an antidote of tobacco, too.

April 9.—Cured a lady, confined four weeks ago, from fever and ague, and exhausting sweats, by *Canch.* The fever left her instantly, and the sweats gradually, by the help of a few other remedies and ablutions.

April 10.—Prescribed *Canch.* to a colored woman, sick in bed, unable to stir, and suffering from extreme pain, caused by inflammatory rheumatism, on account of the highly bilious derangement of the system, indicated by the coat of the tongue, and yellow color of the eyes, and want of appetite. I applied, at the same time, electro-magnetism and ablutions. After three days she was able to lift herself again alone from the bed. The pain left

her at once. The appetite returned instantly. A supervening inflammation in the eyes removed. *Bell.*

May 29.—From time to time, patients are applying who are sick from fever, and who are cured by *Canch.* Here stop my notices.

It is unnecessary to remark, that in some cases other remedies are required to finish a cure. Still, according to my experience, *Canchilagua* instantly produces a change for the better in sick with fever and ague. Since I used this remedy, I have been successful in the treatment of it. I cannot say so much for other Homœopathic remedies, quinine included.

SYMPTOMS OF CANCHILAGUA.

In general.—Sore all over, especially in the lower extremities. That kind of pain in the head and fingers which is concomitant with the attack of the intermittent fever. Heat in the whole body. I could bear, after the proving, the cool trade-wind, usually setting in at San Francisco, in the afternoon, better than before.

Sleep.—Sleeplessness (after the proving with the first trituration).

Head.—Feels congested; pressive pains in the forehead; fullness; tightness of the scalp; it feels as if drawn together by India rubber.

Ears.—Piercing or stitches; increased buzzing and roaring; slight pain in the ears.

Eyes.—Burning in the eyes, first in the left, and then in the right.

Chest.—Alleviating a catarrh produced by influenza.

Stomach.—Ructus; increase of appetite; regurgitations; water-brash; spitting of white mucus, with trembling and nervousness.

PLEURITIS.

BY ALFRED CROSBY POPE, M.D.

UNTIL the time when percussion and auscultation were introduced into practice, as aids to the diagnosis of disease, the diffe-

rent maladies to which the organs of respiration are liable, were continually confounded with one another, and their pathological nature was all but entirely unknown.

Though we are in some measure indebted to these additional means of diagnosis for our knowledge of the true nature of these diseases, yet it was not until a later period, when the study of morbid anatomy began to receive that amount of attention which its great importance deserves, that our information on this subject became so precise and accurate as it is at the present moment.

Until the time of *Laennec*, the distinctions between pleurisy and pneumonia not being grounded upon a scientific knowledge of the two diseases, were, in a great measure, conjectural, and therefore vague and uncertain.

Some of the best writers, towards the close of the last century, have described the rusty sputa of pneumonia as one of the prominent symptoms of pleurisy. So little was the pathology of this disease known at the period referred to, that an effusion of fluid into the pleural sac, was not recognised until it had become sufficiently extensive to distend the intercostal spaces. The acute pain in the side was by some supposed to indicate inflammation of the parenchyma of the lung; and others, again, were so positive that it was confined entirely to an inflammatory action in the pleura, that they designated the disease "*Morbus Lateris*." The term *pleuritis*, the name which this inflammation at present holds, was first given to it by *Hippocrates*.

From the high state of perfection to which the art of physical diagnosis has been brought, and from a more extensive and accurate study of the healthy and morbid anatomy of the different organs of the body, our knowledge, both of the nature and diagnosis of pleurisy, is as correct as that of almost any disease. It is to the labors of *Laennec* and *Andral* that we are mainly indebted for this degree of accuracy.

In the following remarks, we propose to treat, *first*, of the *Morbid Anatomy* of Pleurisy; *secondly*, of its *Etiology*; *thirdly*, of its *Semeiology*; and *fourthly*, of its *Therapeutics*.

Morbid Anatomy.—By the term *Pleuritis* is usually meant an inflammation of the serous membrane investing the surfaces of each lung, together with a greater or less amount of increase in its normal secretion. The pleuræ are two shut sacs covering each

lung. Each pleural sac is divided, for the sake of convenience in description, into three parts, viz., the pleura pulmonalis, or that in immediate contact with the lung; the pleura costalis, or that in apposition with the internal surfaces of the ribs; and the diaphragmatic pleura, or that lying between the superior surface of the diaphragm and the bases of the lungs. Under the influence of some exciting cause, there is, in the commencement of pleurisy, an increased determination of blood to the membrane, giving its surface an injected appearance. In the commencement of the disease, and in those cases which throughout their whole course are only slight, this appearance is merely observed in the subserous cellular tissue; and the spaces between the arterial vessels are, under these circumstances, considerable. As the morbid process increases in violence, the whole serous membrane becomes more or less injected; in some very severe cases, the entire surface appears one mass of red to the naked eye, and no intervals can now be distinguished between the vessels. *Hasse*, in his work on *Pathological Anatomy*, states, that the cellular tissue, external to the pleura, is, in the early part of the disease, occasionally inflamed. This rarely, he says, keeps pace with the internal inflammation; but as the latter increases, the former declines.

Liquor sanguinis now rapidly exudes from the gorged capillaries, and the fibrine becoming coagulated on the surface of the membrane, shortly becomes more fully organized.

By this increase in the amount of nutritive material, the pleura is excited into higher action, and consequently its normal secretion—serum—is effused in an amount proportionate to the degree of inflammation, and to the rapidity with which coagulation of the exuded lymph takes place; being more abundant when this is slow and imperfect, and smaller in quantity when it is rapid and adhesive. When, in the commencement, the serum is small in amount, it is spread over the whole surface of the pleura, it is then somewhat of a plastic nature; but as it increases, it gravitates towards the lowest part of the pleural sac.

Partial effusions generally take place low down in the pleura; they are very rare in that portion covering the apex of the lung, unless, indeed, tubercle be present in that part of the organ, when the pleuritic inflammations, and consequent adhesions, follow the course of the deposits, which is usually from above downwards.

When the effusion is very extensive, and fills the cavity of the pleura, it produces serious alterations in the relative positions of the neighboring organs. The lung is compressed, the heart displaced more or less to the opposite side, and the intercostal spaces are protruded, when an extensive effusion takes place into the costo-pulmonary pleura. In a case of effusion into the diaphragmatic pleura, given by *Stoll*, and in another by *Andral* (*Clinique Médicale*), the liver was very much displaced. Dr. Stokes, of Dublin, points out that this protrusion of the intercostal spaces and of the diaphragm is not due merely to the mechanical influence of the effused fluid, but that it is the result of paralysis of the muscles caused by the surrounding inflammation. This, he argues from the fact that dilatation of the affected side does not take place until a late period of the disease, when, as he says, the inflammatory process has destroyed the innervation of the part. (Dublin Quarterly Journal.) This paralysis is, we think, more probably the result of the pressure of the *effused fluid*—the consequence of the inflammation—destroying the nervous energy of the part. We make this remark in order to guard against an error in pathology far too common, viz., the mistaking the result of the inflammation for that process itself. It is the part of inflammatory action, in the true sense of the term, to excite nervous force, and of its result to deaden it.

The quantity of serum effused varies from one ounce to several pints; its color is generally white, with numerous albuminous-looking flocculi floating in it. It is not unfrequently of a pale yellow or lemon color; it is very much influenced in this respect by blood being extravasated into the pleura, and mixed with it; it then becomes of a light red color. We have previously noticed, that when the pleurisy commences, there is an increased determination of blood to the part, and that to constitute true inflammation, there is an exudation of the liquor sanguinis of that fluid; in this liquor sanguinis, fibrine is held in solution, which shortly afterwards is coagulated and spread out in films on the surface of the pleura, giving rise to what have been termed false membranes. The serum of the liquor sanguinis is now either absorbed, or mingled with the effusion in the pleural sac. When deposited upon the pleura, the lymph consists of fibrils of fibrine, interlaced with one another, and having numerous exudation-corpuscles, interspersed among them.

This fibrinous exudation, or, as it is more commonly termed, coagulable lymph, quickly becomes organized, *i. e.* assumes a membranous form. At first it has a transparent, or grayish-white, pasty, appearance, after a while it becomes firmer and of a yellowish color, and is seen to be studded with red spots, which increase rapidly, and in a variable period, of from twelve to forty-eight hours, or more (the length of which is probably dependent on the constitution and temperament of the patient), these are now seen to be united, and to form red streaks over the surface, giving the membrane a highly vascularized appearance. Its circulation presently becomes united to that of the pleura. These layers of fibrine are deposited sometimes in great thickness on the surface of the pleura, which has led some authors into the error that the pleura itself is thickened. Occasionally these membranes are so thickly deposited as to prevent the lung returning to its normal position, after the fluid in the pleural sac has been absorbed. The most important change which results from these false membranes is the tendency which they have to unite the opposed surfaces of the pleuræ; this they do by forming bands in various directions across the pleura, in some cases inclosing a part of it. These adhesions between the pleuræ sometimes remain throughout life; or becoming thinner, they rupture in their centre, and leave only a white scar-like thickening of the serous membrane.—*Hasse*, *op. cit.* At other times, when the false membranes are soft and recent, they become converted into cellular tissue, which unites the surfaces of the pleuræ, causing little or no inconvenience, and in all probability is sooner or later absorbed.

These adhesions of lymph are very frequently met with between the pleural surfaces, and that, in persons who have no recollection of any illness during which they could have been produced.

They are often the result of a pleurisy occurring in its latent form in the course of a fever or other acute disease not especially involving the lungs.

The effusion of serum in the earlier stage, and sometimes throughout the whole course of pleuritic inflammation, has been occasionally supposed to be absent. This form of pleurisy was termed by Lawrence a dry plastic pleurisy. It seems probable from the various researches that have been made on this subject by Professor Hasse and others, that the effusion is not, as some have supposed, suppressed or diminished in quantity, but that it is rather increased

in *all* cases, though in some much less than in others, and, indeed, the excess may be so small as to be imperceptible, which has probably given rise to the opinion that there is none present. The effusion we have stated to consist of a white lymph serum; this may, however, be transformed into pus, or the effusion may be originally sanguineous.

The serous effusion may be converted into pus, from the inflammatory process running rapidly through its various stages, until the false membrane suppurating becomes a pyogenic or pus-secreting surface. Purulent fluid more frequently results from the mixture of air with what was originally a serous effusion. This accident may arise in three ways:—

First.—From air being admitted into the pleura in the operation of paracentesis thoracis.

Secondly.—From an accidental puncture made through the intercostal spaces, and passing into the pleural sac.

Thirdly.—When by ulceration the pulmonary pleura and a large bronchia have been perforated, and a communication between the atmospheric air and the pleural sac thus established, this ulcerative process takes place more frequently in the upper than in the lower part of the pleura, and generally results from the pressure upon an old adhesion between the pleura pulmonalis and costalis; or it may be the consequence of a pulmonary abscess bursting into the cavity of the pleural sac.

The effusion is rarely sanguineous; such an effusion has, however, been noticed. *Andral* mentions two cases where the effusion presented all the characters of venous blood. Two or three clots were also found at the bottom of the pleural sac. In both of these patients tubercles had been developed, not only in the lung, but in several other organs of the body.

The idiopathic purulent effusion occurs most frequently in tuberculous subjects. The false membrane is not always of that simple character previously described. It is very liable to deposits of tubercle. This occurs in those who are of a scrofulous constitution, and in whom the deposit of lymph is aplastic. White tuberculous matter is deposited from the blood in the form of granules, *i. e.* a tubercular exudation takes place. These granules coalesce and form masses, which can easily be distinguished from the surrounding membrane by their being entirely void of vascularity. Tuber-

cular deposit often becomes transformed into a layer of calcareous matter, the animal part of it having been absorbed. This binds the opposed surfaces of the pleura to one another. In this condition the pleura is termed ossified; at least all cases of pleuritic ossification can be traced to this source, excepting those thin lamellæ sometimes found without any adhesions. (*Hasse.*)

Such are the pathological processes which constitute pleurisy, and give rise to those symptoms, general and local, which we shall presently proceed to notice.

We spoke, in passing of certain alterations in the position of neighboring organs as the result of the mechanical action of the effusion. These we shall now consider more in detail.

When effusion takes place into the costo-pulmonary pleura, the lung is compressed against the vertebral column; and its vesicular tissue being thus obliterated, air is prevented from entering and expanding it. The lung becomes denser, will not float in water, and gives a crepitating feel to the fingers on pressing it. Thus far it resembles the hepatized lung of pneumonia; but is easily distinguished from it by its being capable of inflation through one of the larger bronchi, and moreover is not easily torn. It more nearly resembles hepatization when, from long-continued pressure, the cellular tissue of the organ is entirely obliterated, causing adhesion of the air-tubes, and giving the lung the appearance of muscular flesh, hence it is said to be *carnified*.

The heart is also displaced to the side opposite to that on which the effusion takes place. When the effusion is in the left side, it is felt beating to the right of the sternum; and when on the right side, the apex has been found pulsating in the left axilla, and in other cases, low in the left hypochondrium.

In some cases, the heart and lungs have been known to be permanently displaced. Dr. Stokes, of Dublin, mentions one case of this kind in his work on diseases of the chest; and Dr. Blackiston gives three similar ones. (*Practical Observations on Diseases of the Chest.*)

After absorption of the fluid in long-continued chronic pleurisy the side becomes contracted, the ribs and intercostal spaces sinking in; and in some cases more or less curvature of the spine supervenes. The liver has also been displaced, when the effusion was

poured into the diaphragmatic pleura. But, on the other hand, an enlarged liver, passing upwards, may be supposed to be an effusion into the lower part of the pleura, between the base of the lung and superior surface of the liver, from the dull sound elicited on percussion and the absence of the respiratory murmur. The chief aid in diagnosis is to require the patient to take a full inspiration, which, by pressing the liver downwards, causes the intense dulness to disappear, and the respiratory murmur to become audible. (Stokes, *op. cit.*) It is important also to remember that fatty degeneration of the organ is a common consequence of chronic pleurisy, particularly in children.

Firm adhesions, taking place at the apex of the lung, the stomach and diaphragm, have been noticed to be displaced upwards.

Etiology.—In considering the causes of pleurisy, we shall first notice those which predispose to the disease; secondly, those which tend to excite it.

First.—The predisponent causes, or those conditions which, existing in an individual, place him in a position rendering him particularly liable to the influence of an exciting cause, or one which directly produces the disease. Of these, the most important, and those to which we shall confine our attention, are temperament, sex, age, climate, coincident disease, and, lastly, previous disease.

First, with regard to temperament, we may remark that, as in all other inflammatory diseases, so in this, the sanguineous, plethoric, or full-blooded, are the persons most easily affected. In them the circulation, habitually active, is easily roused to overaction; a copious plastic exudation promptly follows, and the febrile disturbance is usually of a highly inflammatory type, unless influenced by any atmospheric or other concurrent circumstance, tending to give it an adynamic form. In those who are of what is termed the strumous diathesis, the exudation is aplastic, and very apt to prove the exciting cause of the development of the constitutional taint in the deposition of tubercle.

Secondly.—As regards the influence of sex, pleurisy has been observed to be more frequent, and more acute in man than in woman. In the latter, it is usually of a chronic character; and when it is acute, generally occurs in the course of some other disease, as, *e. g.* phthisis. The reason of this is that, from the nature

of their occupation and mode of life, men are more exposed to the influence of exciting causes than are the softer sex. This is seen from the fact that in this, as in all other inflammations, where both sexes are similarly situated with regard to the influence of exciting causes, both are equally liable. But, in the present state of society, a greater proportion of cases of pleurisy occur among the male population than the female.

Third.—Age exercises an important influence over this disease.

The period, at which it is most common, is that during which individuals are most exposed, viz. between fifteen and forty years of age. In infancy it is rare as a primary and uncomplicated disease. It occurs most frequently at this period as a secondary affection following on pneumonia.

In children below the age of five years it is very rare; but when it does occur, it runs its course with a much greater rapidity towards a fatal issue than in adults; the majority of these cases terminating within six or eight days. Where the case is to end favorably, the acute stage is usually over in from twenty-four to forty-eight hours. When chronic pleurisy occurs in childhood, it is usually as a sequence of the dropsy following scarlatina, during the course of which the pleurisy commences, but its approach is not marked by any very distinct symptoms. As pleurisy occurs so frequently, and commences so insidiously during and after this disease, it points out the great practical importance of carefully and daily keeping a watchful eye over the physical condition of the organs of respiration during its course.

When pleurisy occurs at the other extreme of life, it does so generally as a complication, and most frequently a fatal one, of many acute and chronic diseases. The frame, worn out by the natural process, which gradually tends to decay, with the frequent addition of some chronic disease, is rendered peculiarly susceptible of any of those exciting causes, which we shall presently proceed to notice. In the aged, the exudation is, as a natural consequence, of diminished vital power, more aplastic than in the robust and healthy adult, and the effusion usually much more copious.

Fourth, climate.—Pleurisy is much more frequent on the continent and in the United States than in this country (England). This is owing to the greater degree of variation in temperature during the day and night, summer and winter. Though in this country the climate is very variable, yet we are not exposed to

such extremes of heat and cold as our more southern and northern neighbors. As that most common exciting cause of pleurisy, a cold, damp atmosphere, exists chiefly in the vicinity of marshes and lakes, so it is among the inhabitants of such districts that we find this disease most general.

Fifth.—Disease existing at the time of the application of an exciting cause, strongly disposes to pleurisies. The disease where this is most commonly seen is phthisis. During the course of this frequent and generally fatal malady, pleuritis is very apt to occur on the slightest exposure to cold. Phthisis more frequently acts as the exciting cause itself.

Sixth.—Previous inflammation of the pleura strongly predisposes to its recurrence, especially where adhesions have remained. We may here observe that inflammation of the left pleura is more fatal in the acute stage, and is more liable to pass into a chronic condition than when the disease exists in the right. (Hasse, *op. cit.*)

Such are the chief predisponent causes of this disease; we shall close this part of the subject with a few remarks on the immediate or exciting causes of pleurisy.

No circumstance is more certain to call this disease into action than *exposure to cold*. Where one of the above-mentioned predisposing circumstances exists, nearly every case, *i. e.* when not occurring as a sequence of another disease (though under these circumstances the case is frequently the same), is attributable to cold as its exciting cause. Phthisis, which was just now mentioned as a predisposing cause, frequently produces pleurisy directly, from the irritation which the tubercle excites in the lung spreading to its investing membrane. Rheumatism, from the marked preference it has to produce inflammatory disease in serous and fibrous membranes, by metastasis, is also an exciting cause of pleurisy.

Phlebitis has, though not often, caused a purulent effusion into the pleural sac. (Hasse, *op. cit.*) Excessive venesection has been mentioned by Dr. Graves, of Dublin, as a cause of pleurisy, and a case produced by this means is cited in his work on Clinical Medicine, pp. 835–6.

Fracture of the ribs, though generally exciting emphysema or pneumothorax, has not unfrequently produced a pleurisy, with sometimes a purulent effusion. The sudden suppression of perspiration or of a chronic discharge, as, *e. g.* in the case of amputation on account of abscess following acute or chronic synovitis, which has

been for some time discharging, very often terminates in pleuritic inflammation. In a few cases pleurisy occurs without any apparent cause whatever.

Semeiology.—Acute pleuritis is of two kinds, viz., that which shows itself by a deranged state of the general health, and an alteration in the physical condition of the organs of respiration; and secondly, that which goes on for weeks without any constitutional symptoms indicating its presence, and only to be detected by the physical signs. When pleurisy occurs in the latter form it is termed latent. In considering the symptoms of pleurisy we shall first describe those which are detected without the aid of physical signs; and secondly, the indications which are afforded by physical signs only. We would, however, premise, that, as all the general symptoms may be absent, and the disease still present, so some one or two of them may only exist, and that they are liable to great variation in intensity.

The chief complaint of a pleuritic patient is PAIN. This usually commences with a sense of oppression in the chest, which speedily settles down into an intensely acute, sharp, cutting pain, a little below or on a level with the nipple, thence extending to the scapula, clavicle, or sternum, and is occasionally felt over the whole side. It is most severe during inspiration, and particularly at the termination of a full breath.

The extent of surface over which this pain is felt, as well as its intensity, varies according to the amount of *exudation*. Pain is more severe in inflammation of the costal, than of the pulmonary pleura, as the par vagum, which supplies this part of the pleura, is not so sensitive as the *nervi intercostales* which supply the former. It is more acute where the exudation is much circumscribed, than when diffuse. In diaphragmatic pleurisies, the pain is usually referred to the margins of the costal cartilages. When it is fugitive or wandering, as occasionally happens, an imperfect examination of the patient may lead to the erroneous diagnosis of rheumatism, and on the other hand, rheumatic pain may be mistaken for pleurisy. In pleurisy, pain is increased by pressure in the intercostal spaces; in rheumatism, by rubbing the muscles against the ribs; and again, in the latter, the physical signs indicative of pleurisy are entirely absent. When this disease occurs in children, it is important to remember that they often refer the pain to the head or one of the

hypochondria, which, unless auscultation were employed, would lead to serious errors.—WEST *on Diseases of Children*. The pain or “stitch” in the side is accompanied usually by a short hard cough, without any expectoration, or at most only a little frothy mucus, or what is termed catarrhal sputa. To this is added great dyspnœa, which is often very depressing to the patient. Dyspnœa depends, in the first instance, upon the amount of pain rather than upon that of the effusion; when this latter becomes rapid and extensive, so as to compress the lung, the oppressive breathing is much increased. Dyspnœa is much aggravated by a previous catarrh, or an existing attack of spasmodic asthma. When it continues throughout the disease, the event is usually fatal. The pain, cough, and dyspnœa are all much aggravated by pressure in the intercostal spaces, by percussion, by an attempt to make a deep inspiration, or by sneezing.

The pain in the side generally disappears in a few days, but immediately returns on any remission of inflammatory action, of which it is a valuable sign.

A febrile state of the system precedes and accompanies the pain, cough, and dyspnœa. It is, under ordinary circumstances, of the kind termed by CULLEN pyrexia. It is characterized by rigors and increased heat of skin, and frequent, hard, and incompressible pulse.

During the last few years, it has been noticed by many physicians in this country, that the fever attending inflammatory diseases generally, and this among the rest, is of a more typhoid or adynamic character, than formerly. The pulse is softer, and the tongue inclines more to the brown and moist, than the dry and fiery red color which was common some years back. It must here be remarked that the fever, pain, cough, and dyspnœa may all have subsided by the end of the fourth or fifth day, but that the amount of effusion into the pleural sac, may still be both extensive and dangerous. From this we learn two important practical lessons; *first*, carefully to attend to the physical signs we are about to consider; and *secondly*, the great necessity for cautioning the patient, that though he may *feel* comparatively well, yet that he is not so, and that great care is requisite towards a complete cure.

We now pass on to the consideration of those physical signs, which, though of great importance where the symptoms now de-

scribed are more or less developed, are our sole reliance in diagnosis, where the disease is most latent.

Alterations in the physical conditions of the organs of respiration are discovered by inspection, percussion, and mediate or immediate auscultation.

Inspection.—In a case where the effusion of serum, and the exudation of liquor sanguinis has been large, the inspection of the relative dimensions of both sides of the chest shows a considerable enlargement of the affected side. This is a sign which, until the time of Laennec was considered to be only covered by empyema. It is not a constant attendant on pleurisy, and is never present unless the effusion is large. It is less apparent in females than in males. Laennec has observed dilatation of the affected side, as early as the second day; Andral, never before the fourth or fifth day; and Stokes not until the end of the first fortnight from the commencement of the disease. In estimating the value of this sign, we must bear in mind that the right side is, in health, rather more than half an inch larger than the left. Dr. Stokes (*op. cit.*) found the average measurement of twenty healthy individuals to be, the right side, 17·86 inches, and the left, 17·23. The size of the chest always bears a proportion to the height of the individual. (Hutchinson's Med. Chir. Trans. Lond.) Dr. Stokes thinks that dilatation of the affected side may exist, without protrusion of the intercostal spaces, contrary to Andral, who states that under such circumstances they are always protruded. Speaking generally, it may be stated, that we usually, though perhaps not always, observe protrusion of the intercostal spaces, to some extent at least, to be connected with dilatation of that side.

A more common occurrence is displacement of the heart, which we have previously noticed. This lesion, though almost a constant attendant on pleuritic serous effusion, is far more evident in cases of empyema, where its presence constitutes a valuable assistance in forming a correct diagnosis. The motion and expansion of the chest are diminished, from the commencement of the disease, and any effort at movement produces intense pain. As the disease advances, and effusion becomes more extensive, the symptoms are increased, until generally the intercostal spaces are protruded and rendered smooth. The smoothness of the affected side contrasts strongly with that of the healthy, and is peculiar to pleu-

ris is in its advanced stage, and to empyema. The diminished expansion is best perceived by examining the patient posteriorly only. As the effused fluid becomes absorbed, dilatation disappears, and the parietes of the chest retract.

We see, therefore, that dilatation of the affected side, with a diminished power of motion in it, and displacement of the heart towards the opposite side, are frequently met in pleurisy; though, when remedial measures are adopted early, they are by no means common.

PERCUSSION.—The sound heard on striking the chest of a healthy person, is, in pleurisy, entirely changed in tone, over the site of the inflammation. From being resonant, it becomes dull. The dullness afforded on percussing the chest of a pleuritic patient, is both more extensive and complete than that observed in pneumonia. Because in the latter some cells still retain air, even amidst the infiltrated lung. The degree of resistance is on this account less in pneumonia than in pleurisy. In the early stage of the disease, the degree of resistance, on percussion, indicates, generally, the amount of effusion. While the amount of effusion is yet small, the extent of surface over which dullness is perceived, is not influenced by the position of the patient. As it increases in quantity, it gravitates to the lower part of the chest, and consequently the upper part sounds considerably clearer than the lower, which is extremely dull and very resistant. The dull sound now changes its position with that of the patient, unless the effusion be confined by previously-formed adhesions.

When absorption of the effused fluid takes place, allowing the lung to expand again, the sound becomes more resonant, though it rarely gives such a clear tone as previously.

AUSCULTATION.—By this means we obtain a very important class of signs of the presence of the disease under consideration. The chief of them are, absence of the respiratory murmur when the pleura is inflamed, with puerile respiration over those parts of the chest which are healthy; friction murmur; absence of vocal fremitus; and ægophony. These we shall now consider seriatim.

Absence of the Respiratory Murmur.—A partial or total absence of the inspiratory and expiratory murmurs is invariable over the whole extent of surface found dull on percussion. This arises, in the commencement, from a voluntary action on the part of the patient, to restrain the affected side from motion, on account of

the pain thus incurred, and also by the intervention of fluid between the ear and the lung. Before the effusion is extensive, the natural sounds are heard very feebly, and appear to proceed from a distant part of the lung. After it has increased in quantity, the respiratory silence, as it has been termed, becomes complete. In pneumonia, we have this sign, but it is always preceded by a distinct crepitating râle, which is not the case in pleurisy. The respiratory murmurs are weak and distant in pleurodynia, but the sound, on percussion, is natural. In proportion to the extent of surface over which respiration is silent, the natural sounds are in the healthy parts exaggerated, constituting what is termed puerile respiration. This arises from the effused fluid compressing the lung, and thus impeding its function, requiring, therefore, a proportionate increase of exercise in that which is uninfluenced by effusion, and consequently causing the natural sounds to be more intense. The sound side is, from the same cause, observed to move more rapidly and fully, than in health, the diseased, on the contrary, being nearly motionless.

Bronchial respiration is occasionally, but rarely, heard in the commencement of pleuritis; but if the disease is uncomplicated, it soon disappears. Its perpetuation indicates the presence of pneumonia, in acute cases; and when pleurisy is chronic, pulmonary condensation or tubercular deposit may be suspected.

Friction or Attrition Sound.—When effusion has been absorbed to some extent, a rustling or creaking sound, like the rubbing of two dry rough surfaces together, is often heard. This constitutes the friction murmur. In health the two surfaces of the pleuræ glide motionlessly over one another; but when roughened by the exuded plasma, and playing upon one another, they cause the sound just described. It is occasionally heard when the effusion is but slight, and the sound on percussion as yet but little impaired, *i. e.* at the very commencement of the disease; as the effusion increases, it disappears, not to return until the exudation has been absorbed. It is most evident over the centre of the chest. When heard over the apex of the lung, it is almost invariably the result of a pleurisy accompanying the deposition of tubercle in the substance of the organ. It is heard during both inspiration and expiration, but most clearly during a forced inspiration. Its intensity varies infinitely. When very strong—"rasping"—it is often

perceived by the patient himself, and also by placing the hand over the chest. Its duration varies from a few days to (in a limited number of cases) several months. •

Vocal Fremitus.—The natural thrill imparted to the hand applied over the healthy chest, during the exercise of the voice, is entirely absent over the whole extent of surface where fluid is present, and proportionally increased in force where it is not.

This is a very valuable sign, inasmuch as it affords a good diagnostic mark between mere pulmonary condensation, without pleuritic effusion, and that with it; being increased in intensity in the former, and altogether absent in the latter.

Ægophony.—Shortly after the commencement of the effusion, and until it has become very extensive, a change in the vocal resonance is sometimes heard about the centre of the chest, over the middle-sized bronchial tubes; it becomes tremulous; and from its resemblance to the bleating of a goat, was termed by Laennec *Ægophony*, from the Greek word *αἴξ*, a goat, and *φωνή*, the voice. It is merely a modification of bronchophony. From this it may be distinguished by causing the patient to lie on his belly, or lean forwards, so that his back may be horizontal, when ægophony ceases to be heard in the interscapular spaces, and bronchophony becomes more or less distinct. (Laennec.) Bronchial respiration is usually associated with bronchophony. It is distinctly heard at the lower angle of the scapula and subspinous fossa, or over those parts where the dulness is greatest, and the expansion most impaired. It is extremely uncertain in its period of occurrence, but is usually absent, together with all traces of vocal resonance, during the time that the effusion is extensive.

It is a sign, the importance of which has been much overrated, and is comparatively rarely heard from the commencement to the close of the disease.

The following are the most important sounds elicited by percussion and auscultation in cases of pleurisy: Dulness on percussion, absence of respiratory murmur, and vocal fremitus, both being at the same time *increased* in those parts of the chest which are free from effusion; under certain circumstances, a friction murmur, and occasionally the ægophony, or bleating sound. Besides these, there is usually a deficiency in the motion and expansion of the chest.

In the *latent* form of pleuritis, the pain in the side and other

general symptoms are absent, and it is only by percussion and auscultation that we are enabled to become acquainted with the nature of the disease.

Latent pleurisy generally occurs towards the end of a violent inflammation of the lungs or pericardium, or in the course of inflammatory or typhoid fevers. It may be unconnected with any other disease, and the patient complain only of a feverish cold, which subsides towards the end of the fourth or fifth day, the only uneasiness then felt being a general languor.

A pleurisy, in which the pyrexia and pain have been very manifest in the commencement of the disease, may, by proper treatment, have these symptoms dispersed, and become latent. At this time, we should be particularly careful to restrict the desires of the patient, and endeavor to impress upon him the fact, which, from the easy state of his feelings he will not readily believe, that he is not cured, that effusion still exists in the pleura, and that until it is absorbed, the slightest irregularity in diet, or regimen, will act as an exciting cause in the production of an exacerbation; an attack which will undoubtedly be a more severe one than the original, and, moreover, one extremely liable to prove fatal.

Pleuro-pneumonia.—When pleurisy and pneumonia occur together, the former usually sets in after the latter has made some progress; but occasionally it is otherwise, the pneumonia complicating the pleurisy. In these cases, the pneumonia usually occupies only isolated portions of the lung, and these are most frequently met with in the inferior lobe, constituting lobular pneumonia. According to Laennec, the effusion moderates the pneumonia, and hence the reason of its being confined to some lobules. It is much slower in its resolution than the simple forms of pneumonia, and its anatomical characters are somewhat different. The induration of the hepatized parts is much less firm, and on a section being made, it has the appearance of muscular flesh, to which Laennec applied the term "*carnification*."

The appearance of pneumonia is announced by a crepitant râle, heard most distinctly over those parts which are the least compressed by the effusion, viz. the arm-pits or scapulæ, and a little beneath the clavicles.

Pleurisy often occurs during the course of inflammatory and typhoid fevers, generally in its latent form. In such cases, *Bryonia*,

Arsenicum, and more particularly *Rhus Tox.*, will, according to the nature of the other symptoms, be of use.

Pleurisy in what is (incorrectly, according to Hasse) termed its dry form, *i. e.* when the effusion is barely susceptible of distinction, is frequently present in the course of phthisis; its onset is marked by cutting and shooting pains in the side, by the presence of the friction murmur, and by an exacerbation of the symptoms of the primary disease. The first attack is, as we have elsewhere remarked, usually at the apex of the lung, and each succeeding one gradually lower in the chest. Very few, if any, phthisical patients die in whom pleuritic adhesions to a greater or less extent are not observed in post-mortem examinations.

When an extensive and acute pleurisy takes place during the course of phthisis, it is almost invariably fatal. It is held by Louis* to be a far more dangerous complication than pneumonia. When, as is most frequently the case, it supervenes during the last stage of phthisis, it accelerates death to a very great extent, and is one of the most frequent terminations of the disease. So fatal is the more severe form of pleurisy during phthisis, that Louis mentions that he has observed only one case of recovery from it before the publication of his immortal "*Recherches.*" Blakiston mentions one case of recovery from pleurisy during phthisis, which was followed by a complete arrest of the latter disease. Under homœopathic treatment we have frequently observed pleurisy occurring thus completely cured.

Pleurisy also terminates many cases of chronic, non-tubercular disease. It sets in when the patient is reduced to extreme debility, on the slightest exposure to cold. The stethoscopic indications are frequently well marked, though, from the state of the patient, we cannot always satisfy ourselves as to their precise nature.

Pleurisy sometimes attacks both sides of the chest, and is then termed double pleurisy. Percussion and exploration rarely furnish any data as to the true nature of the disease, from the simple fact that both sides of the chest being similarly affected, no comparison can be drawn as to the sound or size of either. From auscultation we learn that the respiratory sound is absent on both sides. The occurrence of double pleurisy in an otherwise healthy person, is a matter of

* *Recherches sur la Phthisie*, translated by Dr. Swaine, Sydenham Society.

great importance, both in regard to its intrinsic danger, and as an evidence of tubercular disease. Louis* states that he has never observed double pleurisy, excepting in those affected with tubercular disease—that the *former* is *never present* without the *latter*. This appears, from cases reported by other writers,—Andral, *e. g.*—to be an exaggerated statement. Double pleurisy occurs most frequently in phthisical subjects, but the deposition of tubercle is not necessary to its production, as would appear from the statements of M. Louis.

Pleurisy may become chronic, either from an acute attack passing into such a state, or from a subacute or latent pleurisy having been neglected.

This latter mode of production of the chronic is most common in fevers. A latent pleurisy sets in during the course of a fever, which is at the time unperceived; the patient recovers from the fever, but is unusually weak, his convalescence being greatly prolonged. After a while a dull oppressive pain in one side of the chest appears, and percussion and auscultation discover a large effusion. A case of this nature occurred in the male clinical ward of the Royal Infirmary of Edinburgh, during my last session at college. The effusion ultimately became purulent, and made its exit by an ulcerated opening in the anterior part of the chest. After having during nine or ten months been subjected to nearly every variety of treatment that allopathic learning could suggest, this man died in a state of great exhaustion.

The general symptoms of chronic pleurisy being often very slight, afford little or no clue to the disease, excepting the state of the respiration (Blakiston), which is always very *hurried*, there being frequently from 32 to 33 respirations per minute. This, however, is so obscure that it is frequently unnoticed by the patient, and its existence generally denied. Its discovery requires the accurate observation of the careful physician. The physical signs are those of acute pleurisy. Ægophony is very rarely heard, and when it is, is very transient. The friction sound is generally well marked in some parts of the chest, and is often perceptible to the patient towards the close of the disease. The effusion is usually very extensive; in a large proportion of cases it occupies the whole of one

* Op. cit. p. 277.

side, and under these circumstances, the intercostal spaces are more or less obliterated with œdema.

The heart, which is always pushed to one side during the course of the disease, is often permanently displaced. In these cases, after absorption has taken place, the side contracts, stridulous breathing often follows, probably, as suggested by Dr. Blakiston, of Birmingham, from the aorta being dragged across the spine, and thereby compressing the trachea.

The term emphysema is applied to a case of chronic pleurisy in which the effusion has become purulent. When this occurs in a case of simple pleurisy, it is marked by the accession of hectic fever.

Absorption is, in a case of emphysema, from the very nature of the fluid, impossible. It must therefore be drawn off by tapping, an operation which has, particularly in London, been resorted to more frequently of late, and with a greater degree of success than formerly.

A pleuritic effusion is sometimes confined within a space limited by former adhesions. These, as they are termed, *partial pleurisies*, generally occur at the lower part of the chest, and occasionally in the diaphragmatic pleura. The former is common in pneumonia and phthisis, but in the latter, the attacks generally take place at the apex, rather than base of the lung. Diagnosis is often obscure in these cases.

Having now discussed the various symptoms and physical signs of acute pleurisy, the different forms in which it exists, and those diseases in which it occurs as a complication, we shall proceed to notice the chief points of diagnosis between it and those affections for which it is most likely to be mistaken.

Chronic pleurisy, from the night-sweats, small, frequent, and feeble pulse, and the great emaciation which accompanies it, often simulates phthisis. In cases where, from continued pressure of the fluid upon the lungs, they have become condensed alongside of the spine, the presence of bronchophony may lead to the diagnosis of phthisis. The chief distinction here, is, that in phthisis this sound will be accompanied by a moist râle, whereas in pleurisy there is none. The difference in the expectoration, and physical signs of the two diseases, renders the diagnosis comparatively easy, when carefully watched. In a phthisical patient the intercostal

spaces are sunken, and the ribs prominent, thus presenting a marked contrast to the fulness of the affected side, in chronic pleurisy, where these spaces are protruded, or on a level with the ribs, and the surface of the whole side is perfectly smooth. The symptoms of cancer of the lung, are very similar in many respects, to those of empyema.

Cancer of this organ usually commences with an inflammatory condition of the pleura, or of the substance of the lung, and all the symptoms of empyema follow in quick succession; but between the two diseases, the following points of difference have been observed.

The cancerous tumor is painful, and does not fluctuate on pressure. This is exactly reversed in empyema. There is also tortuosity of the veins of the thorax; a very rare occurrence in empyema. Transient œdema, confined to the walls of the chest, occasionally follows acute pleurisy; but in the case of cancer of the lung, this is not only permanent, but extends down the arm of the affected side. In empyema, the sounds of the dislocated heart are natural, whereas Dr. McDonnel, of Montreal, has observed a "low, sharp, ringing souffle, of a peculiarly musical and metallic character, to accompany both sounds." Hemoptysis frequently occurs in the course of cancer, and the sputa is of the color and consistence of black currant jelly. The lymphatics may also be observed to be affected in the same way as when the tumor shows itself on the external surface of the body.*

The facts which guide our diagnosis between pleurisy and pneumonia consist in the presence or absence of sanguineous striæ in the sputa, and also of the crepitant râle, both of which are pathognomonic of the latter disease. In the second stage of pneumonia, bronchophony and vocal fremitus are easily perceived, the latter being much clearer than usual; these sounds are never heard in pleurisy, neither do we, as is frequently the case in extensive effusions into the pleural sac, observe any displacement of organs, when the parenchyma of the lung is alone inflamed. The tone or percussion is, as has been before remarked, much clearer in pneumonia than in pleuritis; and when disease is perceived only over

* An interesting case, with some very instructive observations, to which I am principally indebted for the foregoing description of this disease, occurs in the *British American Journal of Medicine*, for 1850.

the angle of the scapula, and not on the anterior part of the chest, we may be sure of the existence of pneumonia.

The commencement of an attack of pleurisy, resembles a case of pleurodynia, from which it is to be distinguished, by the general symptoms of the former being more intense; and also from the short dry cough and pyrexia which accompany it, not being present in the latter. A short time suffices to develop the physical signs of effusions, which at once puts an end to the dispute.

Before closing this part of our subject, we shall make a few observations, as to the most common mode in which pleurisy terminates.

When properly treated from the commencement, and uncomplicated with any other disease, nearly every case will terminate in absorption of the effused fluid.

When the disease has become chronic, and the fluid been for some time pressing upon the pleura pulmonalis, ulceration occasionally takes place, through the membrane and adjacent air-cells, the fluid is effused into the substance of the lung, and death takes place from asphyxia, caused by a sudden occlusion of the air-cells; or, the fluid passing at once into the larger bronchii, may be expectorated, and the patient ultimately recover.

The ulceration may also take place through the pleura costalis, and the effusion find an exit through the parietes of the thorax, nature performing her paracentesis, an operation which in many cases might have been performed by the surgeon, with less risk, at an earlier period of the disease. In such cases, hectic fever not unfrequently wears the patient out.

Sudden death by syncope is sometimes, though rarely, caused by the pressure of the fluid on a heart of enfeebled power, in an individual whose vitality is much exhausted.

THERAPEUTICS.—In the several sections now completed, we have endeavored to show what pleurisy is; how it may be distinguished from other chest diseases, both in the dead and in the living; and have also drawn attention to the various circumstances liable to excite it. Thus far, modern writers on the practice of physic are, with some few, and these comparatively unimportant, exceptions, agreed. As to the treatment, however, opinions vary much in the same manner as fashions of dress. Bleeding, blistering, salivation, and purgation, followed up, when the patient is brought sufficiently(!) low,

by stimulation, is styled "*rational medicine*." Some advise one, some two, and others more of these processes, to be pursued; while others, who indeed appear to be more successful than their heroic brethren, reject all these means, and place the patient in a comfortable room, with low diet and mild drinks, and *expect* a recovery by the thus unaided powers of nature. In the former case, nature's operations are thwarted; in the latter she is left to herself when she most needs assistance. Certainly, of the two, I would prefer the latter; but it is a very unsatisfactory method, that of doing nothing; and consequently we have endeavored to search out another, which will be preferable to either. This we have found in the practical application of the therapeutic law propounded by Dr. Samuel Hahnemann.

The medicines applicable to acute pleurisy, on the principle that "similars are cured by similars," are Aconite, Bryonia, Arnica, Rhus Toxicodendron, Sulphur, Arsenicum, Hellebore, and Digitalis, Lycopod. and China.

The several conditions in which these medicines are indicated, we shall now consider.

Aconite appears to have its action, at least so far as a pure pleurisy is concerned, limited to an influence over the general inflammatory condition of the system, excited by the local phlegmasia. It allays the irritable state of the nervous system, reduces the excitement of the heart's action, and removes the thirst and other symptoms of inflammatory fever. It is also specific to that congested state of the lung which frequently attends a pleuritic inflammation. This is one point where Homœopathic treatment is so superior to that of the old school. They cannot, in the latter, avoid bloodletting when the inflammatory fever runs high; and the consequence appears to be that a congested state of the lung is frequently produced; whereas the antiphlogistic, so to speak, that we make use of, is specific both to the inflammatory state of the system and the so much to be dreaded pulmonary complication—congestion—one which not unfrequently terminates in true pneumonia. Over the exudation which is poured out on the surface of the pleura, Aconite has no power.

Bryonia.—In all inflammatory affections of serous membranes this is one of our most powerful remedies. Aconite has been called the "Homœopathic Lancet," and we think that the Bryony root might, with equal justice, be termed the Homœopathic blister.

Dr. Wurm, in a Treatise on Pleurisy, in the 12th volume of the *Hygæa*, states that "When the pleurisy, whether plastic or serous, has become chronic, we have not much to expect from Bryonia, although in some reported cases it seems to have been useful in removing collections of fluid. In my opinion, Bryonia is far too frequently employed in pleuritis, and its utility decidedly overestimated." Several writers on Pleurisy and Bryonia have quoted the last sentence of this paragraph without considering its context, and have inferred that Wurm thinks Bryonia all but useless in pleurisy; but from the first sentence cited, we think that Wurm must refer simply to chronic pleurisy. In acute inflammations of the pleura, independently of injury and pulmonary disease, this, certainly, from the records we have of its pathogenetic effects,—from the clinical observations which have been published concerning it, and from the experience we have had of its use, appears to be one of the most valuable remedies.

Its principal indications appear to be an acute, stabbing pain in the chest, dyspnœa, cough, with slight catarrhal sputa; dulness on percussion, and absence of the respiratory murmurs. In fact it is indicated by a sthenic inflammation of the pleuræ.

It is best given after the general febrile excitement is somewhat allayed, and therefore it is preferable to give a few doses of Aconite during the first eight or twelve hours of the disease. But, should the local symptoms be, from the commencement of our attendance, severe, Aconite should be alternated with it at once.

Arnica is indicated under two different conditions: 1st. When a pleurisy has been excited by mechanical causes, as a fracture of the ribs, or a blow thereon; and 2dly, when the type of the accompanying fever is typhoid.

Rhus Toxicodendron is likewise Homœopathic to an acute pleurisy of an adynamic type. It is most indicated when the effusion is large, than in simple exudation.

Should the vital powers become very much depressed, the effusion large, dyspnœa urgent, the pulse small and rapid, the skin cold and bathed in a clammy sweat, *Arsenic* given in a low dilution, and frequently repeated, is the remedy whose use is most likely to be attended with success. When a case has been treated homœopathically from the commencement, it is very rarely that a patient gets thus reduced. Such a condition not unfrequently results from

excessive venesection and salivation in the early stages of the disease, and then Arsenic is invaluable to the Homœopathist.

Cinchona is very useful where, though the direct effects of the exudation have to be overcome, an anæmic condition has been superinduced by too free bloodletting.

In cases of chronic pleurisy where the pleural sac is full of fluid, *Helleborus* and *Digitalis* are the most appropriate Homœopathic remedies.

In those acute attacks which so frequently occur during the course of phthisis pulmonalis, *Lycopodium* is a remedy of considerable importance. Wurm appears to have no confidence in the action of this medicine in any case; but most certainly we have seen excellent results from it in such cases, and have been informed by our friend, Mr. Philips of Manchester, that he has observed it to be similarly useful.

We certainly require a better definition of the sphere of action of *Lycopodium* than we have at present.

Sulphur is especially useful in those cases where Allopathic heroics have succeeded only in reducing the patient's strength, leaving his pleura in a state of high inflammation,—a condition generally attended with pulmonary hepatization. It is now best given in the mother tincture, three times in the twenty-four hours.

The same remedy, but in a very high solution, is also particularly serviceable during convalescence from an acute attack. Here it should be given in the 30th attenuation, repeated every second or third day.

In giving Aconite, Bryonia, and Arsenicum, we have generally used, and seen others use the 3d decimal dilution, and with much success—unalloyed by medical aggravations—that we should be sorry to change it for a higher one. Hellebore, Digitalis, and Cinchona, we have generally prescribed in the 1st centesimal dilution, and not unfrequently in that of the 1st decimal, and have never had cause to regret having done so.

Lycopodium we have generally used in the 3d and 6th dilutions of the centesimal scale.

Such appear to be the chief remedies in pleurisy. But there are circumstances in which we must resort to *surgical* aid to save life. These are, first, when the effusion has become so extensive as to cause imminent danger to life from suffocation; and secondly, when we are *sure* that the fluid in the pleural sac is purulent.

Under these two conditions, we are compelled to resort to the operation of *paracentesis thoracis*. In this operation the chief point to be kept in view by the surgeon is the exclusion of air. For this purpose a valvular incision is to be made with a trocar and canula. It has been made a question among surgeons, whether all the fluid in the pleural sac should be drawn off at one time or no. From the recorded cases of this operation, it appears that those have been most successful who have left a portion of it remaining behind, and the lung allowed gradually to resume its former bulk. After the necessary amount of fluid has been drawn off, to save the patient from immediate danger, the opening should be carefully closed, unless the fluid be pus, and then it may remain open, the purulent fluid being drawn off daily by a syphon.

When the fluid drawn off is serum, Arnica and Hellebore should be given alternately, along with nutritious non-stimulating diet. When, however, pus has formed in the pleura, Hepar Sulph. may be substituted for Hellebore with advantage. By these means, great dangers consequent upon the operation will be materially avoided.

Few remedial measures are so beneficial to a case of chronic pleurisy as change of air, particularly to that of a bracing character at the sea-side.

HOMEOPATHIC HOSPITAL, MANCHESTER, Feb. 1, 1852.

BROMINE IN CROUP.

FROM THE ALLGEMEINE HOMŒOPATHISCHE ZEITUNG OF SEPT. 26, 1853, A CASE
REPORTED BY DR. KEIRSCH, OF WEISBADEN.

As the author returned home from attendance upon a Homœopathic Medical Meeting in another city, he was informed by his wife that he had been sent for to attend an extremely dangerous case of Croup, in a distant part of the city, and that she had sent some pellets of *Aconit.*, and promised his attendance, and immediately on his return.

On visiting the case, he found a fine youth, ten years of age, who had been subject to attacks of croup from his birth, had formerly been subject to glandular affections, and who had now been suffer-

ing from an extremely obstinate and pernicious form of croup for five days, and appeared to be in the very arms of death. The child had been carefully and assiduously attended by two Allopathic physicians during the entire period of his sickness, and they had exhausted all the remedies of the school upon him, and had even, notwithstanding, the dry tongue, applied their last resource, cataplasms and *moschus* upon him, without avail.

His paroxysms of anguish, with dryness of the throat, and frightful-toned attacks of cough were so racking and shocking to behold, that Dr. Kirsch would gladly have renounced the case had he not been already imprudently compromised by the promise of his wife.

It was now eleven o'clock at night, and as the parents had remarked some ease from the results of the *Aconit.* already given, he prescribed *Acon.* and *Bromine*, to be given every half hour alternately, and the latter in drop doses at the second attenuation, and a sponge wet with tepid water to be laid upon the larynx.

The next morning he found the tongue very much improved; the attacks of anguish and cough diminished. Bromine 200 in pellets, and Bromine second, in water, was ordered every two hours in alternation. Every four hours after taking the pellets the child experienced a peculiar crawling in the throat, which, according to him, afforded more relief than the drops. He commenced to sleep an hour at a time, and the pulse and increased activity of the skin indicated a curative action in harmony with the inmost life of the patient. During the second night, attacks of loose cough came on at intervals of a quarter or half hour; but which disappeared in the morning. The medicine was continued in the same manner. At night the loose cough came on, but during the day it was frightfully dry and hopeless, and in the midday and evening a violent febrile attack occurred, which seemed to render a favorable result impossible.

The fifth day of the Homœopathic treatment, the fever passed off, the expectoration became loose, in which *small patches of membrane* became more abundant. The seventh day, the patient could be pronounced out of danger, as the larynx and the trachea had become nearly free under the above-mentioned preparation of *Bromine*.

The tonsils yet remained swelled, and a toneless, squeaking voice, as well as burning and dryness in the larynx were yet pro-

minent difficulties; but which *Phosphorus*, continued for many days, gradually relieved.

It is to be regretted that the above case has been recorded with so little care and attention to the minutiae and peculiarities of the case as to render his experience almost worthless. And were it not that evidence on this point (the efficacy of medicines in far advanced cases of membranous Croup) is desirable, we should have excused ourselves from offering it. But enough may, however, be gleaned from it to show that *Bromine* proved curative in this among other cases of Croup, in which the membrane was already formed, and in an advanced stage, and the child in the most imminent peril. We shall have more to say on this subject ere long.

H.

THE HIGH DILUTIONS.

BY JAMES KITCHEN, M.D.

IN the Journal of the Homœopathic Gallican Society, for August, 1853, the following theoretical and practical facts and hints, gathered at the meeting of the Congress of German Homœopathic Physicians, at Dusseldorf, by Dr. Perussel of Paris, are published, and appear to be worthy of republication in your Journal.

1. The question of doses is returned to every year, always with as much spirit, and also always sustained by Bœnninghausen, who insists upon the smallest possible dose; that is to say, of a high dilution, from 200 to 2000, and higher.

2. Bœnninghausen glories every day in the new success which he obtains, he says, increasingly and more frequently, from the highest dilutions, than he formerly did with those of the 24th and 30th.

3. He says, the more acute the character of the disease, the more called for are the higher dilutions, in one dose of a single globule in the dry state; after which he lets the reaction of the system perform the cure.

4. He insists on the most scrupulous care in the choice of the remedy, and, when administered, it should be permitted to act with-

out any interruption or intermedium, until the cure or some evident modification takes place.

5. He maintains that, in acute disease, a high remedy of the highest power, in the dose of a single globule, is sufficient in the majority of cases, to effect a cure; in chronic diseases, the same means serve him to ameliorate the case so much, that but little is required after, except in the most inveterate cases, and, chiefly, in those which have been made incurable by Allopathic drugging.

6. He recommends, not to regard exclusively the locality of the symptoms, but much rather to attend to their characteristics, to their originality, if we can so speak; to the conditions of time, of place, of circumstances under which the morbid signs become aggravated.

7. Scarcely two years have elapsed, though animated with the same spirit, since Bœnninghausen thought differently; and I now refer to it, because I think I have not been correctly understood in what I have already reported on this subject.

"In a disease, the nature, and especially, the physiognomy of which he had well ascertained, he administered the remedy at short intervals, in an acute disease, in the first twelve to twenty-four hours, or in three or four days in a chronic one, in a manner to arouse, to strike or saturate the economy, to leave it afterwards free in its reaction, always recuperative and beneficial.

"Frequently he gave two remedies, of which one was but the moderator of the other, to wit, *Sulph.*, *Thuya.*, *Bell.*, &c.; but in giving two doses of the first, and a single dose of the second, placing this last between the two, and administering the doses every two, three, six, twelve hours, in acute cases, and every two or five days, in chronic ones.

"Notwithstanding numberless and conspicuous cases of success, he has renounced this method, which he has reduced to a single remedy, and a single dose, when he waits hours and days, according to the reaction of the system."

8. He mentioned two cases of obstinate diseases, one acute, and generally mortal, *hydrocephalus*; the other chronic, and which had been condemned by Allopathic physicians and surgeons; in the first, one globule of *Bell.* 200 had done nothing in three days, and was rapidly cured by one globule 2000 of the same substance. The chronic case was *phthisis* in the second stage, in an officer who had been given up in the last stage of marasmus, and which *Kali*

Carb. and *Sulph.*, in three months had wrought such a cure that he is at present the most powerful man of his regiment.

It should be mentioned, that each dose was given at an interval of one month, and that *Sulph.* was given intermediate to the two doses of *Kali. Carb.* I will add, the more to make evident the mode and practice of this worthy teacher, "That he finds, for example, in *Kali Carb.*, the real physiognomy of the disease; he takes this remedy as the pivot in the treatment of the disease, and gives it the prerogative of *two doses*, whilst if *Sulph.* corresponds to the principle of the disease, he places it as intermediate, and *vice versa*, according to the occasion, and the predominance of the morbid symptoms."

9. Dr. Gauverkey, of Hamm, related cures of cases of engorged, indurated, and scirrhus mammary glands, with *Bromine* and *Conium*, administered according to Bœnninghausen's method.

10. He mentioned a case of *hydrocephalus acutus*, cured by the olfaction of *Hell. Nig.* 200, but he adds, on the observation of Dr. Kirsch, who did not succeed, that the trial must be made before that of any other medication.

11. Gauverkey remarked that *Kreosote* 500, had not succeeded with him.

12. Dr. Perussel added that with him, *China*, *Digital*, had failed in high potencies.

13. On this, Bœnninghausen observed, that these features might be owing to bad practitioners, or to other unknown circumstances, and he brought to mind that, in Holland, where he has treated many patients, he attributed the failures of *Kreosote* to the water which the people drink being saline; after giving *Spirit Nitr. Dulc.*, the antidote to *Natr. Mur.*, and then giving *Kreosote*, he had fully succeeded.

14. Dr. Kallenbach, of Frankfort, next spoke of the Itch, recognising three kinds. The one in which the *Acarus* is present, requires only baths and friction with a coarse towel and very fine sand, so as to tear open the vesicles and canals in which the insect lodges. This course is to be insisted on for three or four days, after which, administer *Sulph* and *Psoricum*, 15. Dr. Kirsch, of Weisbaden, in scrofulous children afflicted with the itch, first treats the scrofulous diathesis and then the itch.

16. He also mentioned several cases of epilepsy cured by *Cauticum* 30, 200, 600, 2000.

17. Dr. Stens, of Bonn, recounts an epidemic of typhoid fever which killed many in that town, but which was cured in his practice.

The remedies with which he was uniformly successful, were *Acid. Phos.* and *Rhus*, high dilutions; *Ars.* was seldom of service, and *Cuprum* only to put a check to chronic cramps.

He followed the method of Bœnninghausen, which consists in the administration of a single dose of the remedy the most appropriate, and wait the reactionary phenomena, which call for its repetition, or another remedy, more in relation to the actual condition.

18. Respecting the treatment of *Epilepsy*, Bœnninghausen resumed and insisted, that the appropriate remedy should be administered after the attack, and in a single dose. He remarked that we should not rejoice at seeing the attack assume a longer and longer interval, and added that it was less the *length* of the intervals which pointed to success, than their *modification*. The attack ought to *return* still frequently, said he, but each time with *different phases*.

19. I had often remarked in my practice that the attacks, when lengthened by medicine, often returned with greater violence.

20. Bœnninghausen thinks that in these cases the suspension of the attack to longer intervals is a bad sign, as it is accomplished by low dilutions, being more *antipathic* than *homœopathic*, and that they reappear in a more violent and dangerous condition.

21. Respecting certain venereal symptoms which seem rather to be the return of old affections, the same physician thinks that they are only reappearable under favorable causes, of a morbid principle which has been badly treated at first, suspended by mercury by Allopathy, and that, in these cases, these diseases, which have not the character of acuteness, which have a pale, grayish taint, and which are indolent in their ulcerations, should be treated first by *Sulph.*, as antidote to *Mercury*, which should be given afterwards at the same *elevated doses*, and with the greatest possible medication.

22. He strongly insists that the remedy should be allowed to run its full sphere of action, without troubling it by another, praying his confederates to observe well the thousand variations which will not fail to present themselves, and which will serve as a base for the administration of the succeeding remedy.

23. He recommends Jenichen's preparations, which can be obtained from Dr. Reutsch, of Wismar.

MEDICINES* WHICH HAVE IN GENERAL A MARKED PREFERENCE FOR THE RIGHT OR LEFT SIDE. BÖNNINGHAUSEN.

Right side.—*Alum.*, *Ang.*, *Aur.*, BELL., BISM., BRYON., CALC., *cann.*, CANTH., *caust.*, COLCH., *cocc.*, COLOC., CON., *dros.*, IOD., IPEC., LACH., LYCOP., MAGN. M., MAR. T., NATR. M., NATR. C., NUX M., NUX V., *op.*, PETROL., *phos.*, PULS., *plumb.*, RAN. B., RAN. SC., PHOS. A., SABAD., *stront.*, SASSAP., *sulph. ac.*, SECAL., SILIC., STAPH., VIT. AG., *verat.*

Left side.—*Acon.*, *agar.*, ANAC., ANT. C., ANT. T., APIS., *arg.*, *arn.*, ASAF., ASAR., *bary.*, *bov.*, BROM., CAPS., CHAM., CHIN., CINA, *clem.*, CREOS., CROC., *eupr.*, *digit.*, DULC., EUPHO., EUPHR., FERR., GUYAC., *ign.*, M. ARCT., M. AUST., *magn. c.*, MUR. AC., *nit. ac.*, OLEAN., PARIS, RHEUM, RUTA, SCIL., SELEN., SPIG., STANN., *stram.*, SULPH., *thuy.*, *valer.*, *verb.*, V. ODOR., V. TRI., *zinc.*

I send you the few paragraphs above, picked up by a French physician, who was present at the Congress. It is well to know what is going on in other parts of the world, and hear what other physicians have to say in relation to their mode of practice, and the success they meet with. Nevertheless each individual practitioner should have a judgment of his own, and square his mode of practice according to *his* experience when compared with the experience of others. We need not swallow all that is related or told us. Some physicians are visionary, and catch at everything that is afloat, and say to themselves, *now* we have all that is desirable. When a new remedy is brought forward to the notice of the profession, it is to cure every disease, and in their account of it, there is a long string of ailments, as long, frequently, as a comet's tail, to which it is appropriate, so that if one-half of what is said of it be true, we might forthwith leave the rest of the *materia medica*, and be none the worse for so doing. When Bönninghausen speaks of curing consumption, in the last stage of marasmus, by a dose or two of *Kali Carb.*, we believe about as much of it as when we are told that the moon is made of green cheese; besides, single cases prove

* The medicines in Italics are inferior in their action to the others.

nothing. If he were put in a large hospital, say the Charité, at Paris, in which there are constantly about 200 patients with consumption; I say if he were in charge of such an hospital, and would even cure one single case in a thousand, we might even then suppose that the medicine might have had some effect. Such, however, we are well assured in our own mind would not be the case. All who enter or would enter that hospital must leave all hope behind, *kali* or no *kali*. We don't believe that a case of phthisis tuberculosa was ever cured by medicine. The truth may as well be told; let us be honest, we shall lose nothing by it; patients will have doctors, though in many cases they may put no confidence in their drugs, the same as some will cling to priests and priestcraft, knowing, at the same time, that *they*, also, are but men, mortal men, with no more power than themselves, standing on the same platform, on the one side looking back to what has passed and is known, and on the other toward that which is to come, that unknown land from whence no traveller returns, possessed of no saving power whatever, either inherent or delegated, to give a passport to those heavenly places to which we all aspire. Impossibility will for ever remain impossibility, and to restore an organ once destroyed by tubercles is plainly in this category of facts, and hence the gross absurdity to tell the profession that a case of consumption in the last stage was cured by a dose or two of medicine of *any kind*, is an insult to its members, no matter how credulous and visionary some of them may be; and a false hope held out to society in general that is unexceptionably cruel and deceptive. We wish to say nothing derogatory to the character of our co-laborer; he should be honored by the whole body of the profession, and even revered by the younger members of it, for his indefatigable and noble efforts in the great cause of Homœopathy, the glorious object of all our endeavors and efforts. When he discourses to us of curable diseases, we listen to him with marked attention, and follow his wonderful sagacity in discovering the hidden phases of disease, and still more hidden properties of medicines appropriate to those phases, but when he speaks of curing incurable diseases by a single dose or two of any whatever medicine, we become restless, then incredulous, and, finally, absolutely rebellious, for here common sense, that guardian angel, interferes and whispers to us, "Not so; impossible!"

A REPLY TO THE REPORT OF DRS. W. P. EZREY, A. ZUMBROCK, AND HENRY DUFFIELD.

MR. EDITOR,—I beg the privilege of offering the following suggestions in reply to the report to which the above-named gentlemen have been so good-natured as to affix their signatures. In the first place, it could not be expected that I, who was the injured party, should go to the expense and trouble of either repairing to Philadelphia, or sending my friends there; no reasonable man could have expected such a thing; and in the second place, I was perfectly aware that Dr. Lippe's charges were *libellous*, and my charge is fully made out by the report of this self-styled committee. If it were not for this very serious and very grave charge of libel against my antagonist, whose evil motives in trying to break down my Repertory, become the more apparent the more he endeavors to hide them, I might content myself with repeating the consolatory adage, "*Parturient montes, nascitur ridiculus mus.*" But, as I said before, Dr. Lippe's denunciation of my work implies a serious libel, and the report of his self-appointed committee convicts him as fully as any jury sitting in a court of justice could do.

What, sir, was the *animus* of Dr. Lippe's charge in the April number of 1853, "*that my translation of Dr. Hering's preface to the Symptomen-Codex contains wilful perversions and omissions?*" Need I tell you? Is there a reader of your journal so short-sighted as not to have perceived it? Does not Dr. Lippe himself explain it? The *animus* of his charge was that I had resorted to "*wilful perversions and omissions,*" for the purpose of making it appear that Dr. Hering did praise my work when he actually did not. This is the real meaning of Dr. Lippe's charge, and it is in this, sir, that the libellous character of his charge consists.

Indeed, sir, what do we find by reading over the report of Dr. Lippe's committee? Does that report point to any essential alterations that I have been guilty of in translating Dr. Hering's preface? Are these all the alterations that can be discovered in this long preface? And what are the alterations? Have I distorted Dr. Hering's meaning? Have I substituted anything of my own? I have made a FREE translation, as I had a perfect right to do, a right which was accorded to me by Dr. Hering himself, and I have

simply availed myself of this right in a very few instances, for the purpose of adapting Dr. Hering's phraseology to the plain and honest sense of the American profession, and avoiding a few of the exceedingly bitter and personal epithets against Noack and Trinks, without, however, in a single instance, making any essential alterations in the sense of Dr. Hering's text. I ask any of the readers of your Journal to read the report of Dr. Lippe's committee, and then to decide for themselves, whether any translation of the passages they have quoted, deserves such violent denunciations, as Dr. Lippe has seen fit to heap upon them.

No, sir, these passages simply furnish a convenient pretext to gratify vindictive revenge, or some such motive. The real motive of my critic seems to become apparent from the concluding phrase of his article in the April number of your Journal. He says, "The profession will have better books, and I am happy to be able to inform them that ere long they will have them." It now appears from Dr. Geib's notice of Teste's *Materia Medica*, in the October number of the Journal, that it is Dr. Lippe himself who will furnish the profession with better books, and who has thus been prospectively puffing his own work. But whatever may have been his motive, the fierce violence with which he has assailed me cannot be accounted for upon any principle of common reasoning. The *animus* of his denunciations, as his own text shows, was that I had rendered myself guilty of "*omissions and perversions*," for the purpose of converting Dr. Hering's ostensible or implied censure of my work into praise. Now, to prove to you and to your readers that this is not so, let me quote Dr. Hering's paragraphs where he extols the merits of my work in the most unqualified language.

"The American Homœopathic physicians owe their acknowledgments to both the editor and publisher of Jahr's Manual, for having chosen the latter work. The American publisher has endeavored to get up the work in the same superior style as Noack and Trink's Manual. The editor has, with extraordinary minuteness and labor, compared the two manuals, and has transferred to the manual of Jahr, all additional drugs and pathogenetic effects contained in Noack and Trink's work" (see page vi. of the preface).

And further on (page viii. of the preface), we find the following: "Would that this might prove true of the American publication of Jahr. There is no better, nor more complete work, than this American Jahr, either in Germany, France, or England. It has not only

been enriched with all the new matters contained in Noack and Trink's, but also with a number of important additions, corrections, and revisions. It is, without an exception, the most useful work in Homœopathic practice, of any in existence. A more complete and useful work cannot possibly be offered at the present time. The American Jahr has been arranged with a truly republican impartiality; nothing has been left out, or admitted, to suit the opinions of any particular man; nor have the arbitrary notions of self-styled critics been heeded; the pathogenesis of every remedy is described, so far as it is known, and the practitioner may use it according to his best discretion."

If these paragraphs are not sufficient to convince every reader of your Journal, that I have not been guilty of "*wilful perversions and omissions*" in the only sense in which Dr. Lippe understood this charge, I should be sorry, sir, to have wasted my time and labor on men that will deem the coarse, blundering, and childish denunciations of such a critic as Lippe, worthy of the least attention.

In conclusion, I beg to offer a word of advice to the gentlemen who have affixed their signatures to the report on my translation of Dr. Hering's preface. My advice to these gentlemen, is this: That they had better improve their minds by the study of moral science, than by allowing their judgments to be warped by malicious and baseless insinuations.

CHARLES J. HEMPEL, M.D.

NEW YORK, Nov. 12th, 1853.

PATHOGENESIS AND CURATIVE PROPERTIES OF THE AILANTHUS.

BY JOHN J. DE WOLF, M.D.

In the absence of regular provings, much may be learned from the accidental effects of various medicinal substances, and many useful hints derived as to the treatment of disease.

I propose now to speak of what is likely to be classed as an important remedy in the *Materia Medica*, and, so far as I am aware, has never been noticed in a medical point of view.

This is the *Ailanthus*,—a tree of Chinese or Japanese origin; but now so very common as to be well known to all of us as a shade and ornamental tree, growing all over New England and elsewhere. It blooms here (R. Island) about June 10th, and for a fortnight afterward sends out upon every breeze an aroma the most sickening and disgusting imaginable.

I have, for many years past, noticed its effects upon certain individuals, myself unfortunately among the number, and formed a conclusion that a rational treatment, upon the "*similia similibus*" rule, might be based upon the knowledge thus obtained.

The symptoms produced by the inhalation of this aroma are *nausea, vomiting, diarrhœa, spasmodic abdominal pains*; these symptoms, of course, exist in different degrees, and are generally more marked in those females who are susceptible to its influence.

The active medicinal principle, then, of the *Ailanthus*, whatever it may be, expends its influence upon the stomach and entire alimentary canal, and the group of symptoms constitute, in fact, a case of *cholera morbus*.

I therefore prepared a tincture from the flowers and twigs, and have, for the last three years, administered it successfully in cases of *cholera morbus*, as they occur with us, and employ it quite as often, and perhaps more frequently than any other remedy.

It is much to be desired that regular provings of this remedy might be instituted, as its curative properties are too valuable to be neglected, and, I doubt not, will eventually be found to be a medicinal agent of great importance.

I have, in common with many others, very unwillingly it is true, but in a most satisfactory manner, annually proved this remedy at the season of flowering; but as it may admit of a question whether the active principle, whatever it may be, received into the system by inhalation, first coming in contact with the pulmonary tissues and the organs of taste and smell, would produce effects identical with those resulting from its internal administration, it becomes a matter of importance to subject it to regular provings in the usual form. That, however, these effects are identical the one with the other, is to be inferred from the fact that the tincture thus prepared has so often succeeded in controlling the worst cases of *cholera morbus*.

DISEASES PECULIAR TO FEMALES.

BY FREDERIC HUMPHREYS, M.D.

HYPERTROPHY OR ENLARGEMENT OF THE UTERUS.

THIS condition of the uterus has been described by various medical writers, Schonlein, Rokitansky, Lisfranc, Caustatt, and others, and is of frequent occurrence. The enlargement may be either general or partial, either involving the entire organ or single portions of it, sometimes its body, or often only its vaginal portion. The hypertrophied organ may attain the size of a man's fist, or a goose egg, or even exceed it, and its substance assume a condition similar to that found after pregnancy, firm and fibrous. The enlarged vaginal portion is thickened, elongated, and the lips of the os tinæ are swelled, and the anterior one enlarged, irregular, and protruded, in the form of a nipple.

Symptoms.—It is somewhat difficult to offer a true symptomatic picture of the minutæ of this affection, for it but too often appears that there is only a simple congestive swelling of this organ in consequence of an extension of its cavity from retention of its fluids, or various heteroplastic changes, such as fibrous tumors, from polypus, scirrhus, &c., occurring within it, and with which the enlargement stands in immediate connexion.

The more usual symptoms of hypertrophy of the body of the uterus are: swelling of this organ and of the abdomen, of a permanent character, not like that occurring in pregnancy, and limited to a certain period, but continuing for years; anomalies in menstruation which becomes diminished, and by degrees disappears entirely; prolapsus or deeper sinking of the uterus in the sacrum; oedematous swelling of the feet; derangements of the fecal and urinary discharges from the pressure of the hypertrophied uterus upon the rectum and bladder; chlorotic appearance of the patient. Examined through the rectum, the hypertrophied body at times feels as large as the impregnated uterus at the third or fourth month. Enlargement of the vaginal portion is known without any

serious difficulty by manual examination and inspection through the speculum.

The course of the disease is chronic; it may continue for years together without any essential change. According to Schonlein, sterility is one of the most frequent results of this affection; and even should pregnancy take place, abortion will sooner or later ensue. Pressure upon the larger venous trunks may also occasion dropsy.

Causes.—According to Rokitansky, the causes of hypertrophy are *too frequent pregnancies*, idiopathic or consensual irritations of the uterus, with which last, and standing in very close relation to it, may be enumerated diseases of the glands of the breast; also, prolapsus of the uterus, and vagina, and especially uterine catarrhs of long standing. Congestions of the vena porta system almost of necessity precede and accompany hypertrophy of this organ. Among the most frequent circumstances in connexion with this condition, are after-products, and especially those developed in the vicinity of the uterine mucous membrane, and those produced in the uterine cavity, such as fibrous swellings.

Prognosis.—The nature of the disease is such that the prognosis must depend much upon the character of the changes which have occurred, the duration of the disease, and the presence or absence of irritations in the form of swelling within the uterus or its immediate vicinity. If there is no complication of this character, and the disease is of comparatively recent origin, and its position in the sacrum is such as to free it from local irritation, we may expect measurably to relieve the congestion, irritation, and perhaps hypertrophy. Otherwise, the prognosis depends upon the complicating circumstances.

Treatment.—The first attention of the physician must be directed to removing the irritating causes which tend to keep up and sustain a congested condition of the organ in question. The retention of menses, the accumulation of fæces, a sedentary habit of life, with deficient bodily exercise, lively sexual excitements, or excessive mental excitement assuming that direction, the use of rich, high-seasoned food or drinks, as they all tend to keep up a congested condition of the vena portal circulation in general, and thus of the affected organ in particular, should be, as far as practicable, laid aside. Sometimes there may be such a dislocation of this organ

from its retroverted position, as necessarily to compromise its substance, and thus keep up a constant irritation, not only in the organ itself, but in the surrounding tissues, which must of necessity increase the afflux of blood towards the part, and its consequent irritability. Such a condition must of course be rectified before we can expect to relieve the induration or enlargement.

The remedies which follow can only have the force of a simple recommendation, as thus far but few observations are to be found in our literature bearing upon this point. Several of our remedies have proved efficacious in cases of more or less extensive indurations of the uterus, though there are no cases reported of simple hypertrophy, yet as these two conditions are so closely allied, if they do not always stand in immediate connexion, that we doubt not the same remedies must be equally applicable for both.

Apis Mel. has proved very efficacious in my hands against enlargement and induration of the uterus attended with sensation of weight and heaviness in the uterus, downward-pressing and stinging pains.

Arsenicum.—Burning in the abdomen and internal sexual parts, exacerbation of pain about midnight, anguish in the chest, allowing the patient no rest, unquenchable thirst, induration of the uterus, continual acrid and excoriating discharge from the genital organs.

Aurum is also frequently and successfully applied in cases of prolapsus and induration of the uterus.

Belladonna is doubtless one of our best remedies in affections of this nature. It is indicated by *pressing downward to the sexual parts, as if everything would fall out*, accompanied by pain in the sacral region, and rendering it difficult for the patient to stand upright; the uterus may be swelled and indurated, and also prolapsus of the part.

China may be useful in particular cases, especially in feeble or exhausted persons, with *congestion of blood to the uterus*, with a sensation of fulness and painful *dragging towards the sexual parts*, especially while walking.

Graphites may be appropriately employed in this affection if we have the occurrence of the following symptoms: the neck of the uterus is hard and swelled; on rising, a heavy sensation as of weight deep in the abdomen, with increase of pain, debility, and tremor in the lower extremities; sense of a heavy load in the ab-

domen, with violent lancinations in the uterus, extending down the legs.

Iodium will be found efficacious for hardness and induration of the lower portion of the uterus, attended with violent urging and pressing in the abdomen towards the sexual organs, and when there is reason to fear the induration may pass over into scirrhus or cancer.

Nux Vom.—For congestion of blood to the uterus with heat and heaviness of the parts, and painful dragging to the sexual parts, especially in the morning in bed, or when walking in the open air; prolapsus of the uterus also if produced by overlifting, or with hardness and swelling of the mouth of the uterus.

Platina, one of our most reliable remedies for *indurations of the uterus*, also those *attended with cramp and stinging* in the indurated organ, and for congestion of blood to the uterus. It is still more prominently indicated by *preternatural excitement of the sexual passion, voluptuous crawling in the sexual parts and abdomen, downward pressing in the sexual parts*, as if the menses would appear, extending through the groins to the sacrum.

Sabina.—For contractive pains in the region of the uterus, *labor-like drawing in the lumbar vertebræ*, and *drawing or burdensome pressure as from a heavy weight in the lower abdomen*, as if the menses would come on; drawing in the sacrum while bending backward, as is usual before the menses; copious discharge of a coagulated, lumpy blood, particularly during exercise, the mouth of the uterus being constantly open.

Secale cornutum, is perhaps our most valuable remedy for *congestion of blood to the uterus*, and may also prove efficacious for induration and hypertrophy, as it most assuredly is for putrescency or softening, as well as for other degenerations, and even for carcinoma.

Sepia is doubtless at present our best remedy for *enlargement and hypertrophy of the uterus*, and abdomen occurring in old women, or in those who have borne many children. It is also indicated by *aching in the region of the uterus, pressing towards the sexual parts*, as if everything would fall out, *which oppresses the breath*, with cuttings in the abdomen and discharge of yellowish leucorrhœa; *prolapsus of the uterus and vagina*, induration of

the neck of the uterus. More appropriate for the slender and delicate and scanty-menstruating than the contrary.

Sulphur may be appropriate in some cases, with feeling of weakness in the parts, congestion to the uterus, pressing downwards, and troublesome itching and burning of the parts.

METRITIS.—CONGESTION AND INFLAMMATION OF THE UTERUS.

That transient and passing condition of the uterus termed congestion should be distinguished from inflammation of this organ. The first exists as a physiological phenomenon at the period of menstruation, and forms its crisis through the menstrual discharge. Yet such a condition of congestion may be excited at other periods, from sexual and psychological excitement, or from physical exertions, in an upright position of the body.

If we examine the uterus at such a time through the vagina, we find the part hot, turgescient, the organ standing deep in the sacrum, the vaginal portion protruded, the lips of the os tincæ slightly swelled, and the mouth of the uterus open, yet the parts are not particularly sensitive. Through the speculum, the mucous membrane of the uterus is reddened more deeply than usual, and at times some exudation of blood upon it. In sensitive sanguine females, the local congestion may be also associated with pressure in the abdomen or rectum, colic, drawing in the inguinal region and thighs, general orgasm of blood, hysteric symptoms, headache, &c. There is also often a white, slimy discharge from the sexual parts. It is this periodically-returning congestive condition of the uterus which renders the cure of chronic diseases of this organ so difficult and so frequently occasions relapses in metritis.

Rest and quiet in a cool and recumbent position are usually sufficient to remove this congestive condition, which usually disappears with the next menstrual discharge. Should this not be the case, or should it be thought proper to accelerate the process, a few doses of *Belladonna*, or perhaps, in some cases, of *Sepia* or *Nux* will be amply sufficient to attain this end.

Inflammation of the uterus may be either *acute* or *chronic*; it may affect the substance of the uterus (*Metritis Parenchymatosa*), or it may affect only the internal mucous investiture of the organ (*Metritis Mucosa*), or it may take its point of origin from the veins of its lymphatic vessels, forming the so-called *Metro-phlebitis*.

Anatomical Character.—Metritis usually commences at the surface of the mucous membrane, and from thence extends to the substance of the uterus proper. In the cadaver we find enlargement, swelling, engorgement, dark, often livid reddening and discoloration of the mucous membrane, and the parenchyma of the organ, either diffused over the organ, or in circumscribed patches; the tissue softened and friable, and its internal uterine coating often changed to a dissolute pulp. We often find exudations of plastic, bilious, watery, or sphacelated products on the inner surface of the uterus. Purulent, sero-purulent infiltration of the uterine tissue, abscesses, from the size of a hazelnut to that of a fist, whose number is usually in inverse proportion to their size; sometimes accumulations of matter are found between the surface of the uterus and its investing or overlying peritoneal covering, or in the surrounding cellular tissue. Pus is often found in the veins and lymphatic vessels of the uterus, and sometimes in the neighboring vessels and the ovaries; the tubes, the broad and round ligaments of the uterus, and the adjacent perineum, are more or less affected and changed, as the result of sympathetic action.

Chronic ulceration usually involves the neck of the uterus, and more frequently its posterior than its anterior lip. The ulcerations are either single, small, and circumscribed, or large, callous, fungous, or phagedenic.

Symptoms.—The topical symptoms of *acute metritis* are usually as follows: more or less violent aching, pressing, boring, throbbing, or stinging pains are experienced deep in the sacrum, and from thence extending to the loins, and along the round ligaments to the vulva, sometimes extending down to the knees, along the course of the ischiatic nerve, and usually associated with a burdensome sensation of heaviness in the affected organ. These pains are increased from external pressure deep over the symphysis pubis, from movement or shocks of the abdomen, efforts during stool or urination, or from an internal examination, and the exacerbation has frequently a paroxysmal or labor-like character, while the sufferings are diminished when lying on the back with the legs drawn up and the abdominal muscles relaxed. If the pain is very violent and extended, the peritoneum is usually involved in the inflammation. Upon palpation of the hypogastrium, the swelled uterus is often found as a hard, pear-formed body, projecting more or less

above the symphysis pubis, sensitive to pressure, and whose volume varies according to the particular condition in which it is found, whether it is empty, impregnated or gravid, or whether it has become inflamed soon after delivery. If inflammation occurs immediately after delivery, the organ does not properly contract. Examination per vaginam or per anum is generally very painful, and the introduction of a speculum, from the sensibility of the parts, is inadmissible. The vagina and its walls are hot, swelled, and dry; and the vaginal portion of the uterus stands low in the sacrum; the mouth of the uterus is often closed by a coagulum of mucus. If the uterus is more swelled on one side than the other, it may occasion a change of its position, as the body of the uterus on the swelled side inclines over towards the other side. From the pressure of the uterus upon the sacral nerves, there may arise a feeling of torpor in the thighs, sensation as if the parts had gone to sleep, and even acute lively pain, or pressure upon the veins may even occasion œdema of the feet.

When metritis is developed during the menses, or the discharge of lochia, the flow is arrested, and the secretion from the vagina is also suppressed; only, in some rare cases, a few drops of blood, or of serous, bloody fluid, is discharged without relief. Metritis coming on during pregnancy very generally produces abortion as a consequence, as soon as the metritis has attained a certain grade of intensity.

The rectum and bladder are usually consensually affected in this disease; the bladder, commonly, when its anterior, and the rectum when its posterior surface is affected; in this case, we have painful discharge of stool or urine, swelling of the veins of the rectum, tenesmus, oftentimes diarrhœa with tenesmus, strangury, ischury.

A not unusual consensual symptom in metritis is a continued or intermittent stinging pain, which patients experience in the breast; it appears that this symptom is more common in puerperal metritis than in other varieties of this disease. Sensitive hysterical females are, besides, often afflicted with headache, vertigo, ringing in the ears, photophobia, or delirium, or have convulsive attacks.

The fever may be entirely wanting in a moderate grade of the inflammation; sometimes, however, it is violent, associated with headache, delirium, and sopor, and inclines more to an adynamic character; usually, in such cases, peritonitis is also present at the same time.

When the peritoneum is at the same time affected, the prominent symptoms of peritonitis mask or obscure those of the metritis; there is a wider extension of the pains over the abdomen, meteoric distension of the abdomen, nausea, and vomiting; the pulse becomes small and intermittent, the face sunken, and the course of the disease is very rapid, and the termination often fatal.

The vaginal portion of the uterus may be alone inflamed, without the body partaking essentially of the morbid process; in this case the topical appearances are limited to this part; the pain is located deep in the sacrum, the mucous membrane of the vagina is swelled, and this, as well as the vaginal portion of the uterus, feels hot and dry; the mouth of the uterus, whose lips are swelled and protruded, and at first dilated, becomes closed in the progress of the disease. If we examine with the speculum, we find the mucous membrane more or less dark, red, smooth, tense, and from the vagina there is secreted a mucous or bloody discharge. This form is usually without fever.

A lower grade of this affection is the so-called metritis mucosa of medical writers, or acute uterine catarrh. The pain, in this case, is mostly pressing and burning, not widely extended; and external pressure is more easily borne than in metritis proper, which usually commences as an endo-metritis. But, in simple catarrhal inflammation, the periodical dragging and labor-like exacerbations of the pain are clearly pronounced, and usually, with such periodic pains, a portion of hot, corrosive mucus flows off through the vagina, sometimes accompanied with flocculent, coagulated masses from the uterus. The mucous membrane is deeply reddened, hot to the touch, loosened, and often granulated. The third or fourth day the secretion of mucus becomes more copious and tenacious. There is usually an erethic, and, in some rare cases, synochal fever present.

There are cases, mostly of a chronic form, of metritis mucosa, in which the secretion of the mucous membrane is of a croupous nature, and is thrown off in patches, which assume the form of the uterine cavity in which they have been produced. Sometimes these membranous portions are regularly thrown off at every menstrual period, or at longer intervals, attended with violent labor-like pains, and exudation of blood; or the exudation may be long retained within the uterine cavity, and perhaps form what has been known as (*mola fibrinosa*?). Dewees supposed that in this

species of inflammation of the mucous membrane a rheumatic tendency was brought into activity.

Duges, Modame Bovin, Lee, and others, have distinguished as a particular species of inflammation of the mouth of the uterus the *granulated* or *follicular*, and which may also be acute or chronic. Careful examinations with the speculum exhibit to us on the sensitive mouth of the uterus, or in the canal at its neck, small, either white or red, soft or hard, elevations, of the size of a grain of sand or a poppy-seed; they resemble the granulations found on the inflamed conjunctiva, and are the hypertrophied follicles of the mucous membrane. *Lisfranc* compares them to aphthæ; the entire diseased surface is overlaid with a more or less thick coating of mucus or pasty appearance. Superficial ulcerations may be found beneath it. The patients are affected with copious leucorrhœa* and an itching of the genitals, which sometimes almost drives them to nymphomania. Upon contact with the mouth of the uterus, during coition, or during the discharge of stool, blood is discharged, which is apparently secreted among these sensitive granular portions. The mucous membrane feels soft, loose, and velvety.

There is also yet a simple abnormal redness and erosion of the vaginal portion of the uterus, which may occasion violent itching and burning in the genitals, leucorrhœic discharge, or metrorrhagies. Examination with the speculum discloses abnormal redness of the vaginal portion, and the above-mentioned excoriations, which are often coated with a morbid secretion of blood or scurf. These changes of the mucous membrane have been compared to herpetic eruption of the external skin. The neck of the uterus is commonly swelled, seldom indurated; the mucous membrane feels soft, thickened, velvety, bleeds but only slightly. If this condition is neglected, ulcerations readily form.

Chronic Metritis.—This condition either remains as a residuum after the imperfect resolution of Acute Metritis, or it may arise as a primary affection. Fever is most commonly wanting at the beginning, and with this exception the symptoms are similar to those of the acute form. The pains are often very slight, or even are not manifest at all. Frequently they consist only in a dull feeling of heaviness and weight, heat in the hypogastrium, drawing and

* According to Velpeau, two-thirds of females subject to leucorrhœa have such granulations.

dragging towards the thighs, or a dragging down from the loins or the sacrum, or the breast, and which becomes more violent at periods, as, for instance, during physical or mental excitement, when overheated, or from the effect of coition, during the catamenia, from weariness, pressing during the effort of stool, long walking, or standing upright, or riding on horseback, or violent riding in a carriage; and which are also moderated or relieved by rest and a horizontal position. Sometimes the pains are lancinating, as in scirrhus affections. There is often also pressure upon the bladder and rectum, frequent urging to urination, and pain during the discharge and retention of stool. Menstruation is either entirely suppressed, or painful and irregular; appears not at the proper time, either every eight or fourteen days, or only every six weeks; the discharge is either scanty and thrown off by impulses with violent pain, or it is copious and discharged with large quantities of dark, coagulated blood, and succeeded by the usual symptoms of hemorrhage. Some days previous to, during, and after the menses, the usual symptoms of chronic metritis are increased. For a time after the menstruation, and sometimes during the entire interval from one period to another, there is a continuous discharge from the vagina.

Upon external examination, we sometimes find the uterus appearing as a roundish swelling, immediately over the symphysis pubis. On examination, *per vaginam*, the uterus is found standing deeper and more inclined forward than in the normal condition, or otherwise changed in its position. From the increase of its volume, it is often found difficult to elevate it with the point of the finger; its mobility is diminished, and the attempt to raise it occasions pain. The vaginal portion is frequently swelled, hard, curved inward, very painful, and often covered with granulations or ulcerations, and the neck of the uterus elongated. The finger, during the examination, frequently removes from the surface of the affected portion, more or less mucus mixed with blood. The swelling and painfulness of the uterus is often more readily diagnosed by an examination through the rectum than the vagina.

There may be also, as in acute metritis, chronic derangements of the urinary secretion and the stool. The consensual symptoms are often so clearly expressed and prominent, as to present a picture of a pure hysterical affection, and from hence occasion the real

disease to be entirely overlooked. At last there is associated with the above symptoms, slight febrile movements, disturbances of the digestion, cachectic symptoms, pale, straw-colored, yellow face, and emaciation.

Acute metritis may run its course within a few days; usually terminates in from seven to fourteen. Metritis mucosa continues for several weeks, even under favorable circumstances; and chronic metritis has an indefinite duration.

Acute metritis terminates in *resolution*, by remission of the pain, the tension of the lower abdomen, and of the febrile appearances, and by crisis through the perspiration and urine, and sometimes with appearances of uterine hemorrhage, even occurring at a time when the menses are not to be expected.

From the vagina, which has up to this period remained dry, a greenish-yellow mucus is discharged, and among lying-in females the secretion of the milk and lochia is again established. Sometimes there is a manifest remission for a few days, which is followed by a violent renewal of the inflammatory symptoms.

After a course of metritis mucosa, there often remains for a long time, a discharge of mucus from the vagina, which is very liable to become chronic in scrofulous, lymphatic subjects. Relapses are especially to be apprehended at the time of the menses, or in consequence of sexual excesses, or when there has been a previous chronic metritis. If chronic metritis terminates in health, there is a gradual return of the menstruation to its normal standard, as well in regard to the time of its appearance as the quantity and nature of the discharge.

If a resolution of the metritis is not accomplished in the usual time, and the disease continues beyond two or three weeks, a termination in *suppuration* is to be apprehended. This may occur with a continuance of the jerking, throbbing pains, at the part which, until now, has remained very sensitive, and accompanied with often-returning, shivering chills, followed by burning heat in the evening, perspiration which affords no relief, and discharge of thick sedimentitious urine. Death usually takes place with adynamic symptoms, and before the abscess is opened. Abscess of the uterus may open and discharge into the vagina or the bladder, the abdominal cavity, or into the cellular tissue of the sacral cavity, and from hence find its way into different depending parts, in the region

of the vulva, the groins, or perineum. Utero-phthisis may come on as a consequence.

Metritis mucosa and chronic metritis may terminate in *ulceration*. Simple ulcerations, according to *Lisfranc*, affect, most frequently, the posterior lip of the os uteri; they often, also, have their location between the lips, and may be overlooked during an examination with the speculum if we have not the precaution to raise the anterior lip by means of a sound. From the touch, we discover, instead of the smooth surface of the mucous membrane, that it is thickened, felt-like, and the finger often returns bloody. They are very superficial, or form slight depressions, with elevated swelled borders; sometimes the bottom is chapped or covered with granulations; they bleed readily on contact, and the patient complains of burning pains, and an ichorous purulent secretion is discharged from the vagina.

The mucous membrane of the uterus, and its parenchyma in different degrees, may become the subject of *sphacelated softening* and dissolution (*Putrescentia uteri*), a termination which far more rarely results from an intensive inflammation of the organ, than from other causes which have exercised a weakening and depressing influence upon the system, such as puerperal miasm, difficult labors, or those attended with severe contusion or laceration of the parts. In such cases the local pain is but slight from the beginning, or disappears suddenly, if it has been previously violent after a severe chill has come on; the discharge from the vagina is bloody, in shreds, ichorous, and putrid smelling;* the mucous membrane, and neck of the uterus feels cold, doughy, and relaxed; and from an internal examination, we not unfrequently find the vaginal portion already destroyed, and gangrenous portions remaining adherent to the finger. Examination with the speculum reveals the sphacelated appearance of the part; the external genitals are usually swelled and œdematous; at the same time, we have those symptoms of torpid fever, which are the usual results of the absorption of sphacelated matter, such as sunken and retracted countenance, paleness of face, clammy, tenacious sweat, coldness of the extremities, faintings, in-

* The uterine excretions may also become putrid when portions of membrane, or of the placenta, the decidua or coagulas of blood are retained and afterwards expelled, and such dissolute residua may occasion a metritis or even a torpid fever.

voluntary discharges, twitching of the tendons, and sometimes convulsions. Death usually follows in a comatose condition, within from twenty-four to forty-eight hours after the development of the gangrene.

Adhesions of the cavity of the uterus, or of the mouth of the uterus, or of the Fallopian tubes, may occur from *exudations*, and may hence occasion sterility, disposition to extra-uterine pregnancy, or distensions of the uterus, which likewise have abortion as a consequence, or may render pregnancy a dangerous condition.

The disease may end fatally through suppuration or gangrene, or from the extension of the inflammation to the peritoneum or bladder, and sometimes also from a sudden paralysis of the nervous system.

Chronic metritis may, under favoring circumstances, in dyscrasic subjects, pass over into induration, or carcinomatous degeneration, or into ulcerations of the uterus, or may terminate in the acute form of the disease. Chronic metritis does not prevent the patient from occasionally becoming pregnant, yet it generally occasions abortion. Mucous metritis at times becomes the occasion of the formation of uterine polypus. If the mouth of the uterus is closed from mucous and fibrous coagula, matter or serum may accumulate within its cavity, extend it by degrees, and thus form Hydrometra.

Diagnosis.—Acute metritis may be readily confounded with *Cystitis* and *Proctitis*, especially when morbid appearances in the urine and stools appear in their train, and the more so, as the inflammatory action not unfrequently extends to the bladder and rectum. But in simple cystitis those symptoms fail which are presented from a manual examination of the abdomen and internal genitals, as well as the morbid secretion from the vagina; against which we have the strangury coming in early and with violence, and soon passing over into ischuria, while the application of the catheter is especially painful. In the inflammation of the rectum, the finger introduced within the anus finds the mucous membrane hot and swelled, and the tenesmus, independent of the stools, is very violent, and the discharges from the rectum are peculiar both as to quality, quantity, and frequency.

Painful menstruation may at the first glance, on account of the violent pain, be mistaken for metritis. But we need not fall into this error unless we overlook the coincidence of this pain with the epoch of the menses, and which, besides, are less violent than in

acute metritis, the slighter or entirely wanting sensibility of the uterus against external pressure, and of the vaginal portion during an examination, and the absence of fever. Besides these moments, the menstruation here soon comes on, is not suppressed, and the pains diminish in proportion as the secretion becomes established.

It is frequently more difficult to distinguish chronic metritis from *Hysteria*, on account of the often prominent consensual nervous symptoms, and from scirrhus, on account of the lancinating pains, or from an unnatural position or dislocation of the uterus. But here a manual examination decides as to hysteria. In simple hysteria, there are no characteristic alterations in the vaginal portion of the uterus, nor any durable sensibility in the uterine region.

In regard to *Scirrhus of the Uterus*, it is doubtless often difficult to ascertain with certainty the precise limit between chronic induration and scirrhus degeneration. Yet we mostly find simple metritis in young individuals, while it is after the disappearance of the menses, and in the period of involution, that we may look as a rule for the manifestations of degeneration and cancer. Scirrhus induration is usually at the commencement partial, circumscribed, slightly sensitive to pressure, and appears, when seen through the speculum, slightly red, and often even pale, while the contrary obtains with inflammatory induration; the development of scirrhus also proceeds very slowly. When once a carcinomatous ulcer has formed, with its cauliflower excrescences and frequent hemorrhages, the diagnosis no longer presents any difficulty.

In unnatural positions of the uterus, the pains from which the patient suffers, may lead one to think of metritis. But the vaginal examination reveals the true state of the case. While in metritis, the change of position in the uterus is only secondary, and never considerable, we find in dislocation of this organ the fundus of the uterus thrown over and sunk against the sacrum, and from its compression of the sacral plexus of nerves giving rise to the frequent twinges of pain in the anteversion, or occupying the contrary position. Other associated symptoms of inflammation of the uterus are also wanting.

Causes.—Before the development of the uterus at puberty, it is very rarely affected with inflammation, to which, also, it is not so subject when empty. In very young subjects, who have not yet menstruated, inflammation of this organ only appears as the result of some mechanical injury to the organ itself, or from some inflam-

matory affection in a neighboring organ which is projected upon the uterus. This organ has the strongest predisposition to inflammation at some period of functional excitement, either during menstruation or pregnancy, in childbed, or in the climacteric period.* Chronic metritis very seldom appears among young females; youngerly childless women of lymphatic temperament and who in youth exhibit a disposition to scrofula, weakly and yet plethoric, who have irregular or painful menstruation, and those who are subject to frequent abortions, and lead a voluptuous life, are especially predisposed to this affection; syphilis, and a hereditary disposition to cancer, also increases the liability.

The exciting causes of metritis are,—

Mechanical and Traumatic; such as shocks, concussions, wounds, rough manipulations in practising the touch or other obstetric operations, difficult labors, mechanical irritation from pessaries, excessive distention of the uterus, pressure of the organ in an improper position, prolapsus, retroversion, too frequent coition, and onanism.

Chemical or Medicinal Irritations; acrid, irritating injections of the uterus, the internal use of emmenagogues in order to produce abortion, such as aloes, sabina, turpentine; partial or entire retention of the placenta or coagula of blood, or retention of the menstrual blood.

Extension of the Inflammation from other organs, as the bladder, the rectum, the peritoneum, or the vagina.

Chills and Rheumatism of this Organ; metastasis, or gout, rheumatism, or eruptions; derangement or suppression of the menses, or the lochia, or a leucorrhœa in consequence of a chill, or from mental emotions, or repercussing agencies, or the sudden suppression of uterine hemorrhage from cold applications.

Puerperal Dyscrasia; this will be specially discussed in its proper place.

Disorganization of the Uterus; involving dislocations of the organ, fibrous swellings, and polypus.

Prognosis.—The prognosis is more unfavorable in acute parenchymatous, than in simple mucous metritis, as this last usually runs a mild and favorable course. The danger, however, is imminent when inflammation attacks the impregnated uterus, or when it ex-

* Lisfranc observed metritis most frequently during the first two years after the cessation of the menses.

tends to the peritoneum, or when it terminates in suppuration. Great exhaustion, frequently-returning chills, sunken countenance, small, intermitting pulse, and putrid-smelling discharges from the vagina, are unfavorable indications.

The prognosis in chronic metritis, depends mostly upon the extension and progress of the organic changes which are present, and whether absolute degeneration have already taken place or otherwise. Sometimes this inflammation continues for a long period without producing dangerous consequences, and it is mostly amenable to appropriate treatment. The disease, however, is very obstinate, and especially liable to relapses.

Treatment.—In the treatment of acute metritis, a number of remedies may be found indicated in accordance with the similarity of the symptoms, yet in practice only a few will be required to control the majority of cases. In the chronic cases, with more or less grave or unimportant alterations of substance or degenerations, the number of medicines is much larger, and the choice can only be determined by a careful comparison of the symptoms present with the pathogenesis of the remedy. The selection in such cases as frequently, perhaps, depends upon the peculiar idiosyncrasies and temperament of the patient, as upon the simple organic changes which have occurred in the part. Under such circumstances, we can scarcely do more than to offer some of the prominent indications of the several remedies to the practitioner, leaving him to fill up the picture from the details of the materia medica.

Aconit is indicated when the metritis commences as an intensive inflammatory affection, ushered in by violent chills, followed by excessive heat, with full pulse and red face, pulsation, frontal headache, or as if the cranium was too full, and would split, and above all, if the disease has been occasioned by fright or a chill, and occurring during lying in, or during the catamenia.

Under such circumstances, *Aconit.* should be repeated every hour for six or eight times, or until an evident amelioration of the symptoms has occurred, when it will be advisable to employ some other remedy, probably either *Bell.* or *Nux.*

EULOGY ON THE LIFE AND CHARACTER OF THE LATE PROFESSOR JOSEPH G. LOOMIS, M.D.

DELIVERED, BY REQUEST, TO THE CLASS OF THE HOMŒOPATHIC
MEDICAL COLLEGE OF PENN'A, JAN. 12TH, 1854.

BY A. E. SMALL, M.D.

RESPECTED FRIENDS—

LADIES AND GENTLEMEN:—The immediate occasion of our assembling together is to pay a tribute of respect to the memory of a late honored and esteemed colleague, and fellow-laborer in the cause of medicine. It is not merely that a valued friend and estimable teacher, whom we were once accustomed to meet in so many affiliated relations, has *deceased*, that we feel especially called upon to notice the event in so public a manner; for there is nothing unusual in the occurrence. Men, of every rank and fortune, are born for only a short sojourn on the earth. It is announced from the watch-tower of imperious time that every material organization endowed with life is but *dust, and to dust it shall return*. It is, therefore, useless to clothe ourselves in sackcloth, or repine at the order of Providence, on the account of a dispensation which is the common lot of all, however much it may be dreaded or reluctantly expected. It is no marvellous event for one to terminate his material existence; to leave behind him those that mourn his apparent loss, whose earthly tenements must soon follow his to the silent mansions of the dead. Yet, nevertheless, there is a righteous memory to be cherished for those who go before us to the spirit-land, from whence no traveller returns.

Our departed friend and colleague occupied when with us a useful and important post in society; he had virtues that entitled him to the respect and confidence of his friends; he had qualities of heart and soul that endeared him to all who knew him; he had qualifications and skill that told of his usefulness in life. It is manifestly proper to cherish an affectionate memory for all these virtues, as well as the outline of his brief history in life. It is more particularly in this that we are to look for those traits of

character, habits, and qualifications, worthy of our highest regard, and also for all those virtues that have contributed to render his memory sacred by the imperishable monument they have erected to his name.

JOSEPH GRISWOLD LOOMIS, to whose memory we wish to pay a just tribute, was born in the town of East Haddam, in the State of Connecticut, on the 18th of May, in the year of our Lord, 1811, in which place his parents resided until he was four years of age. They then removed into the State of New York, where the early educational training of the son commenced. He enjoyed the privilege of attending school for a considerable portion of the time during his minority, at which he acquired a very respectable preliminary education, and amply sufficient to serve as the foundation for more extensive acquirements, that were to enable him to fulfil the duties of his station in after-life. Of his history during this early period we know but little. It is said that he gave evidence of considerable promise by his moral and upright life and studious habits. He entered upon the study of medicine with a distinguished physician of the State of New York in 1831, when he was but twenty years of age; in 1832, he became a student at Fairfield College, in northern New York, which was then in a flourishing condition, and under the supervision of one of the most able boards of professors of any College in the United States. It was here that he enjoyed the privilege of listening to the instruction of Professor James McNaughton, a man distinguished for his science, skill and celebrity as a surgeon, and also Professor Beck, whose voluminous works on medical jurisprudence have rendered his name so familiar and conspicuous among men of the profoundest attainments of science and the literati of the present day. For two years he pursued his studies in this Institution, during which time he gave evidence of superior attachment to the profession which he had chosen, as well as comparative aptness and ease in the acquirement of medical knowledge. He received the degree of Doctor of Medicine from the same institution, in 1834, and immediately after he removed into the State of Michigan, where he first entered upon the practical duties of his calling. He was for three years a resident of Michigan, during which time he studied and practised, and made considerable advance in professional learning and skill. The climate of that State not comporting so well with the condition of

his health, he removed to the town of Cazenovia in the State of New York, in which place he was industrious in his professional pursuits for a period of six years. In 1836, and previous to his removal from Michigan, he was married to Miss Mary Root, with whom he lived in the enjoyment of the most tender connubial ties until the period of his decease, she surviving him, to mourn his loss as of one who had lived for her protection, who had been the companion of her hopes, the alleviator of her sorrows, the assuager of her griefs, and her joint participator in the joys and felicities of life.

While in Cazenovia, he made considerable advance in the acquirement of reputation and skill as a physician of the Allopathic school. He enjoyed a fair reputation as a surgeon, and displayed a considerable degree of ingenuity in the construction of surgical instruments, and mechanical appliances for surgical and obstetrical purposes. His professional labors, while in this place, had become somewhat arduous, and a tax of severe endurance upon his physical strength. One thing, during his residence and career in Cazenovia, is particularly worthy of note. It was here, long before he became a convert to the Homœopathic school, or had made himself acquainted with its peculiar doctrines, that conviction had throned itself upon his mind, that the prevailing practice of medicine was fraught with evils detrimental to the interests of the human race. It was here that the workings of his benevolent mind shuddered at the inflictions upon the sick, of which the lancet, the convulsive emetic, and the drastic purge, were made the vehicles. A ray of light penetrating his mind at first only gave him the negative position with regard to the profession of which he was so valuable a member. It taught him to reason upon the laws of nature and the laws of God. While observation taught him, on the one hand, that drugs were often the source of disease,—that they gave power and force to already existing maladies,—that they sharpened the teeth of the malarious influences, and made men, and women, and children their victims, and, moreover, when observation taught him that they were administered with the vain hope of benefiting the sick, or ridding them of disease, he was, on the other hand, led to inquire if there was nothing better for them; if it was right to pour out such affliction upon them in order to place their systems in a condition for relief? If it was right to mar the opera-

tions of nature by convulsing the stomach and mutilating the skin by the internal and external use of poisons, that have never left an impress of their influence anywhere that was not labelled "disease" or "death." When reflections of this character began to occupy the mind of our departed colleague, he became fired up with the love of knowing the *truth*; and though he saw ardor, sincerity, and sanguine hopes among his medical brethren, in the pursuit of the identical course at which his mind began to revolt, he, nevertheless, felt a silent whispering in the depth of his spirit, clothed in the majesty and splendor of truth, "*It is not lawful to do evil that good may come.*" It is not lawful to pour out from the cup of poison that which convulses the stomach, simply because it proclaims its inability to properly digest the food. It is not lawful to compel a hapless patient to swallow the drastic purge, that of itself would disable him for weeks, merely because there is some slight torpidity of the bowels; neither is it lawful to torture the skin, or pass the patient through a purgatory of perspiration, to rid him of a difficulty which requires but a cup of cold water or a little fresh air to dissipate. In short, it is not lawful to act upon the principle that health is to be regained by plunging the patient into worse disease first, or that good must be accomplished through evil. These forcible utterings of truth found place in his mind, and led to a review of his professional life and practice; he clearly saw that he had done wrong actions, because he had acted from wrong principles. When the truth with which his mind had become illuminated, fully disclosed the pernicious tendency of the principles and practice he had been taught, he could not help exclaiming from his inmost soul, "*Vanity of vanities.*" But it is never the fortune of a seeker after truth to be left at its threshold, after rejecting as erroneous whatever tends towards evil. And this was by no means the case with our late esteemed co-laborer in this Institution; for no sooner had he pronounced the *revulsive* and *derivative* practice *wrong*, than something more ennobling took its place in his mind. It was in the year 1843, at the time when the news of DOCTOR SAMUEL HAHNEMANN'S demise first reached this country, that he was attracted (by some notices that appeared concerning the man and his works in the journals of the day) to examine the claims of Homœopathy. This he did in the spirit of a true philosopher, with a mind open for the reception of any new truth that might

tend to elevate the condition of medicine. The result was a conviction of the truth of Hahnemann's writings, and the entire adaptation of the science of Homœopathy to the wants and requirements of the profession and its patrons.

In the spring of 1843, he removed from Cazenovia to Syracuse, and pursued the practice of medicine and surgery entirely in accordance with the principles of Homœopathic science until the fall of 1849. Desirous of adding to his already extensive acquirements, he left Syracuse at this time for the purpose of attending a course of lectures in this Institution. He attended upon the course of instruction during the fall and winter of 1849 and '50 within these halls, during which time he was no less ardent and thorough in his perseverance in medical studies than he had been in the earlier period of his professional pursuits. At the Commencement of this College, held in March, 1850, he received its honors, and then returned to the duties of his profession in Syracuse. His deportment while in Philadelphia, together with the profound knowledge he evinced upon all medical subjects, left a favorable impression upon all who made his acquaintance. In the spring of 1851, he took up his residence in this city, and entered upon the active duties of his profession here.

During his residence in Syracuse, he won many friends, and an extensive patronage, which he found somewhat difficult to leave; but, in view of a milder climate than that of Syracuse, he overcame the remonstrance of his friends there, and at considerable sacrifice of interests, located here.

It was in the spring of 1852 that the chair of *Materia Medica* and *Therapeutics* became vacated in this Institution by the death of Dr. CALEB BENTLEY MATTHEWS, who for the three preceding years had ably fulfilled its duties. Early in the fall of the same year, the then able incumbent of the *Chair of Obstetrics and Diseases of Women and Children* was elected to the chair of *Materia Medica*, thus leaving vacant the chair which he had until that period filled with distinguished honor and ability. It then became necessary to seek some able and worthy incumbent for the vacant chair. Dr. Loomis was unanimously elected by the Board to fill the honorable post, and it was then that he came into a more intimate relation to the members of this school. There are many of us who well remember the first time he appeared before the class as a

teacher, and the modest, unassuming ease he manifested in the delivery of his first introductory. We witnessed those tokens of diffidence and distrust which usually characterize retiring worth. We saw the delicate blush as he for the first time took his stand in the amphitheatre above, and announced to the other members of the faculty, students, and officers of the College his own sense of the responsibility attached to his office. The character and style of his inaugural made a favorable impression upon all who heard it, and though on this occasion there was, as might have been expected, the manifestation of the most respectful consideration for his colleagues, and an expression of deep interest in behalf of the welfare of the class, this proved to be no artifice of the occasion; it was no ephemeral display of politeness; it was the character of the man, and every succeeding day added fresh lustre, as his sentiments became more developed, and his interest more augmented. But a very little time elapsed after he entered upon the duties of his professorship, that was not marked by the profoundest respect on the part of his class for the faithful, thorough, and agreeable manner in which he imparted instruction. Every member was interested in what he had to offer. His manner was familiar, his language was chaste and well-chosen, and the moral bearing which he gave to the subjects upon which he lectured, evinced that his mind had been chastened and disciplined for the high moral stand which he had taken. He had a warm heart, a mild and gentle demeanor, that won for him the affection of his pupils, and in short he evinced a readiness to serve, and to serve well, whatever interests he was identified with. He aimed at being thorough and practical in his course of instruction, and the many students who listened to him will have occasion in their future labors to cherish a grateful memory for his services.

For two successive years he filled with distinguished ability the chair of obstetrics, during which time it was our fortune to be often in his society. He was ardent in his exertions to disseminate the principles of medical reform, and to uphold whatever was good or true in the practice of medicine. He was one of the early supporters of the Homœopathic Hospital of Pennsylvania, an institution which has already signalized itself as a home for the invalid stranger, where he can repose full confidence in the care and attention that is necessary to be bestowed upon his wants, or means of relief.

So full was the confidence of Professor Loomis in the enterprise of the Hospital, and so profound were his convictions that such an institution would be owned and blessed of heaven, that he predicted success to the struggle in its behalf, and had he lived a few months longer, he would have realized the truth of his own prediction; he would have seen with delight, that the fires of heaven never burn but to warm up the attribute of benevolence in the cause of humanity. And as these fires can never be extinguished, and benevolent hearts will never cease to be warmed by them, we also predict that the Homœopathic Hospital will acquire vigor and strength in this community in the same ratio that due consideration is bestowed to the importance and usefulness of such an Institution. Our late co-laborer and friend was right in supposing that such an Institution would find a congenial soil for its growth in our midst, and we can conceive of nothing more chilled and frozen than the heart of that homœopath who would refuse not only his aid, but his countenance of such an enterprise. We would suppose him wanting in the attribute of benevolence, and a stranger to philanthropy, with his little soul chained in the vilest subserviency to the coldest impulses of a frozen heart. And when we record of our late colleague that he gave his ardent support and encouragement to the rearing of such an asylum for the distressed, we in fact record of him that he was a lover of his fellow-men, that he would provide for the stranger in distress, that he would furnish the facilities for receiving medical aid and nursing on the same curative principle on which he had based his own hopes in life.

Dr. Loomis was, from conviction of its superior excellence, a physician of the Homœopathic School. He believed in his heart that in "*Similia Similibus*" there was power sufficient to regenerate the whole profession of medicine, and that its light should be held up to the world as a godsend for the benefit of our race. He was therefore perfectly consistent in faith and practice. His ardent support of the Hospital and his firm belief in its final and triumphant success over all opposing obstacles, are but evidence of the sincerity of his faith. He believed, as every honest, sincere, and upright mind ought to believe, that truth was never vouchsafed to man except for the common good of the race. Is it to be wondered at, then, that he should spend his time and his means in providing more extensive channels for dispensing its blessings. Is it to be

wondered at that a benefactor like him should lend his influence to the establishing of a public charity of such distinguished promise? Is it not rather to be wondered at that any individual, either in the profession or out of it, who has been blessed with the practical advantages of the same great truth, should not condescend to do likewise?

But this was not the only instance worthy of note in which our late colleague evinced his readiness to serve the interests of his fellow-men. He was the friend of the poor, and many are the instances where he bestowed his services without the hope of any reward except the acknowledgment of grateful hearts. He was always ready to lend a helping hand in alleviating the distress of the sick, and whether rich or poor, he may be said to have been the equal and kindly brother of all.

Of Professor Loomis as a philanthropist and teacher, we have said enough; we have only to add that there was no retrograde movement in his course. At the time he discontinued his labors on account of his health, he was advancing in many ways: he was advancing in reputation as a teacher, and in the estimation of his pupils; he was advancing in the confidence and esteem of his colleagues; he was very rapidly advancing in reputation and skill in our community, and he was making rapid progress towards an eminence in the profession which those of less humility and greater pretensions might well envy.

As an associate, he was affable and gentle in his manners, cheerful in his bearing, tender in his regard, and scrupulous in avoiding the giving of offence, or of marring the happiness of others.

As a member of the faculty, he was always prompt in the discharge of his duties, and seldom absent from a faculty meeting. Whatever duty was assigned him to perform, was cheerfully accomplished. His modest demeanor led him to wait for suggestions from his colleagues when perhaps the conceptions of his own mind would have been sufficient for available uses. He was deliberate in his judgment, and careful to become acquainted with all the bearings of a case before he ventured to declare it.

As a physician, he was very much esteemed. He was attentive to his patrons, prompt in rendering his service, and skilful in affording relief; as a general thing, his patients became very much attached to him. In the sick-room, he was cheerful without being ridicu-

lous; he was serious, but never sad; he was thoughtful without indulging in painful reveries.

As a man in society he was universally respected. As far as he became known, he was respected as an honest, upright man in business transactions, and exceedingly prompt in the discharge of his obligations.

Such was the reputation and standing of Dr. Loomis. Such are the relations he sustained, and such were his successes and prospects up to the 31st of May, 1853. It was on that day that he and his wife started from Philadelphia for Cleveland, she on a visit to her friends, and he to attend the annual meeting of the American Institute of Homœopathy. He was absent at this time from Philadelphia about three weeks, during which time he travelled considerably by night and by day, and attended and participated in the deliberations of the American Institute of Homœopathy that convened at Cleveland. On the tenth of June last, he was appointed at that meeting to prepare a report on the nature and value of body braces, &c., to present at the next meeting of this Association, to be held in Albany next June. But, unexpectedly, he has been cut off in the midst of his labors. The fatigue of his journey to Cleveland, together with the exposures he underwent in travelling from place to place in that region of country, brought on disease from which he never recovered.

After he returned from Cleveland, he attended to his professional labors only for a few weeks before he was obliged to relinquish them, not anticipating, however, that he had left them for ever. About the 20th of July last, after some little exposure to the dampness of the weather, he had a severe chill, following which was a degree of prostration from which he only partially recovered. His strength became hardly sufficient for him to return to New York, to enjoy for the rest of his days the immediate society of his family and friends.

He was not, himself, so sensible of his approaching dissolution, for sometimes he believed himself convalescent, and anticipated a return to his duties in our city, and in *this* Institution. Yet all the while, in spite of the best medical skill that could be procured in his case, pulmonary disease continued to undermine his constitution, until at last he was compelled to yield up his earthly tenement, and to enter upon the scenes of the spiritual world.

He was sick about three months. During the most of the time, he suffered comparatively but little pain. He seemed cheerful and composed; calmly awaiting, as he thought, for returning health, until about three weeks before his decease. He then became satisfied that he could no longer cherish any hopes of regaining his health; still his mind was composed, as he calmly resigned himself to his fate. He continually, from this time, seemed in waiting for the final struggle that was to terminate his earthly toil and sufferings. On the 25th of October last, he called to his bedside his wife and his friends, and bade them an affectionate farewell. He added that he was about entering a world of brighter prospects, where he expected to meet his mother and brother, who had gone before him. Shortly after, he quietly fell asleep, and his spirit, no longer animating the frail tenement of clay, rose, we trust, to newness of life "among the spirits of the just made perfect in Heaven."

ON THE EFFICACY OF HOMŒOPATHIC MEDICINES, ADMINISTERED BY INHALATION,

IN BRONCHIAL AND LUNG DISEASES.

BY HENRY C. PRESTON, M.D.

ABOUT a year since, my attention was called to the subject of inhaling medicated vapors, in the particular mode I am about to describe, by a physician who purported to come from the Brompton Hospital in London, and who used as inhalents, the Balsams of Copaiva, Tolu, and Canadensis, with different preparations of iron, gold, silver, and zinc. I witnessed some of his experiments on patients affected with bronchial and lung diseases, and although some were temporarily benefited, I was abundantly satisfied that such crude medication did more hurt than good. The particular mode of inhalation, however, struck me as being a very convenient and good one, and led me to make some experiments with Homœopathic medicines, in a class of cases which experience had taught me were almost always incurable, and which generally terminated fatally in spite of the best-directed medical efforts.

Aside from the pathogenesis of the remedies, which of course is our only guide in the administration of drugs, I felt justified in making the experiments from two or three facts tolerably well established.

First, from the fact that the administration of remedial agents by olfaction is recommended by Hahnemann.

Second, from the fact that the migration of consumptives to a fever and ague country, where they are obliged to inhale the marsh miasms, has often been recommended by the profession, and has in many instances proved successful in curing even advanced stages of phthisis, and curing them too, on strictly homœopathic principles, for where are there two diseases which exhibit a greater similarity than intermittent fever, and phthisis pulmonalis? in the exacerbation of the hectic fever, in the chills, in the sweats and lassitude which follow, to say nothing of a host of other symptoms. Such a striking similarity of symptoms, and the fact that the latter has been cured by the former, suggests a similarity in the cause.

Third, from the fact that persons whose lungs have exhibited all the physical signs of tubercles, and who have removed to the south and lived on sugar plantations, constantly breathing the warm vapor of the sugar houses, have been unquestionably restored to health.

From all these facts, I conceived the inhalation of medicated vapors to be no new or chimerical thing, but for a long time tacitly or confessedly recognised by the profession, as a valuable means of cure, and I accordingly made the following experiments :

Mr. A., a manufacturer, aged 40, had been troubled for five years with cough and expectoration, first of a catarrhal nature, but gradually becoming more and more bronchial, until he applied to me in July, 1852. His condition then presented all the physical signs of diffused chronic bronchitis; his cough was constantly annoying, aggravated at night, attended with expectoration of gray, viscid mucus, and in the morning of dark yellowish sputa, of a decidedly purulent character; bowels loose; no appetite; emaciation extreme; exhausting night-sweats; chills every morning; auscultation revealed decided bronchophony; very considerable crepitation in the left lung, and the mucous râle was heard throughout the whole bronchial membrane. At the base of the left lung there was adhesion of the pleura and partial induration of the lung, the

result of an attack of pleuro-pneumonia, which he had five years before. This patient inherited a scrofulous diathesis and a strong proclivity to tubercular phthisis, of which most of his progenitors have died. He was constantly hoarse, and his voice weak. Percussion showed great dulness over the subscapular regions of both lungs, and particularly of the left, the base of which was also dull from the adhesion and induration I have before mentioned. Pulse seldom below 120, in the hectic condition every afternoon and evening 140 to 160. Without detailing more of the symptoms so familiar to all, suffice it to say that I considered this case as rather a desperate one, and undertook its treatment with but little hopes of a successful issue. I had marked the slow but surely fatal termination of so many such cases, that I at once resolved to try inhalation. I gave Calcarea 3d trit., one dose every morning and Phos. acid 3d dil., one drop every night. In addition to this, I prepared 10 grains of Calcarea and 10 of Phos. acid, and made a solution in $2\frac{3}{4}$ of distilled water; this was put into $\frac{3}{4}$ of simple syrup and well mixed. I ordered a tablespoonful of this mixture to be put on a sponge, and inhaled twice a-day until the medicinal vapor was all gone, about ten or fifteen minutes. This treatment was persevered in for five months, and was attended with a gradual convalescence; the patient's symptoms, one after another, all yielding, until about three months since, when he considered himself well, and discontinued treatment. He is now in the enjoyment of perfect and robust health.

I have thus rapidly and briefly detailed this case and did time permit, I would relate five similar cases treated with like success; one in which Dr. Barrows visited the patient with me, and is able to testify to the facts in the case. Dr. Okie has also related to me a case he has treated with like success, even after he thought he had detected the presence of tubercles. At another time I will try to report the remainder of these cases more at length; but in the mean time this will suffice to bring the subject before the profession for examination and trial. If bringing the remedial agents we use more directly in contact with the bronchial membrane will always have this effect, we may yet hope to be able to discover some remedy for that pestilent scourge of New England, tubercular phthisis.

THOUGHTS AND OBSERVATIONS ON SMALL-POX;
ITS PREVENTION AND CURE.

BY IRA BURROWS, M.D.

CONTRIBUTIONS on scientific subjects, from whatever source, and however small, are always acceptable to those who are engaged in scientific investigations. That branch of Natural Science, viz., the knowledge of causes and effects, which has its foundation in truths and principles, built up by bundles of facts gathered here and there, interests all to-day, who are engaged in searching for the cause and cure of disease.

Without further introduction, therefore, I proceed to say, some twenty years ago, in a certain town in Massachusetts, the question was raised as to the best mode of obtaining pure vaccine virus. The idea had been entertained by some, and in no mean cities, that variola virus, transferred from human to kine, if it would not become the genuine cow-pox, would, nevertheless, become so modified as to answer all the *purposes* of the genuine and be *purified* by the transmigration. A young physician, in the town to which I have referred, was not only an advocate of the purification, but of the "*raal genuine*;" and an opportunity was not long wanting to test the question. A case of small-pox having been declared, our young Æsculapius, at the proper stage, transferred a portion of a pustule to the udder of a healthy cow. The inoculation took effect, and a regular pustule gradually developed; there was but one development, and that the point of inoculation. At the proper stage, which, I think, was on the eighth day, when the said pustule was "*full of the matter*," inoculation was transferred from kine to human. Now the "*Devil of Medicine*," who had been remarkably quiet while an exotic, and was apparently divested of "*tail and claws*," as soon as he was fairly established upon his own premises, made it manifest that he was still "*invested with organs of reproduction*," and we had, consequently, a numerous progeny, and wide spread, not merely of "*the genuine*," but of "*the genuine small-pox*." Since that period, however learned or profitable have been the discussions concerning the *modifications* of small-pox matter,

by passing through kine, the people in that quiet town in Massachusetts, are quite satisfied with the protection against small-pox, introduced by Jenner,—the virus of a natural disease upon the udder of the cow.

On the subject of vaccination, and on the prophylactic properties of vaccine, several interesting papers have appeared from time to time. Amongst these, was recently one from Dr. Preston, published in the Philadelphia Journal of Homœopathy. To these papers I will add my contribution, though small.

May 27th, 1852, I visited a patient who had mild varioloid (properly, modified small-pox). Two children in the family had never been protected by vaccination, and also an aged grandmother in the same house, not in the family. The children and the grandmother were repeatedly vaccinated. One of the children, a little girl, took vaccination about the eighth or ninth day after her exposure to small-pox. On the boy and the grandmother, vaccination made no impression. On the 12th of June, sixteen days after the development of small-pox in the father, the two children, who were daily exposed to the disease, were taken with headache, and other symptoms, which proved to be the first stage of small-pox. The girl who took vaccination, had not over twenty pustules, and these were irregular. Desiccation took place early and left no pits. The boy had confluent small-pox, severe in the commencement, convulsions and delirium during the eruptive stage, but nevertheless controlled and hastened to a favorable termination, as I think, by the administration of vaccinine, 2d trituration, every four hours, from the commencement of the eruption to the end of the desiccation, which terminated on the eighteenth day from the commencement of the attack. During this campaign, I made several attempts to vaccinate the old lady, which proved unsuccessful; but by which process she was repeatedly exposed to the contagion of small-pox, so far as my clothing could impart such contagion, going directly from the patient's to her room, and so far as, with frequently opened doors, into a common entry, the sick above, and the grandmother below stairs, contagious air could find entrance to her room.

During all this time, and up to the 4th or 5th of July, she took 2d or 3d trituration of vaccin., three or four doses daily, and continued well. Soon after this, another inmate of the house had

mild varioloid, and was attended by an Allopathic physician. The grandmother kept aloof from the sick room, but took no vaccinine. Some two or three weeks after the development of this case, she came down with small-pox, of which she died. Here is presumptive evidence that the vaccinine was prophylactic during the previous cases of the small-pox.

So far as I have been able to judge from my own observation, and from other experiences, the internal administration of vaccinine is a temporary protection against the small-pox, and vaccination the only permanent protection. I say *permanent*, for I believe it to be so. There is, in the mass of mankind, a susceptibility, in a greater or less extent, to the impression of small-pox. This susceptibility, in a large majority of cases, is destroyed by one vaccination, and the protection against small-pox, in whatever form, everlasting. But in a minority, this susceptibility is not destroyed by one vaccination; hence, if the subject be re-vaccinated, a second impression is made; or if he be exposed to small-pox he is impressed with this disease in a form more or less modified by the previous vaccination, and according to the degree of susceptibility remaining in the system. If then, by re-vaccination, this susceptibility to the kine-pox shall be destroyed, there would result a *permanent* protection against the small-pox, in all cases.

An interesting paper upon this subject, was published a few years since, in a London Journal. I cannot find the paper, or recall the precise statistics at the present moment. The substance of the paper was this: a large number, several hundred subjects, were thoroughly vaccinated, and then exposed to the small-pox; about one in sixty had the disease in a mild form (varioloid).

Several hundred others were vaccinated, and then re-vaccinated; of the number, about one in sixty took re-vaccination. After this, the whole number were exposed to the small-pox, and not one was affected by it. The idea prevalent with the multitude, and with many physicians, that "*vaccination runs out*," is erroneous. What vaccination once gains, it never loses. The susceptibility or predisposition not being eradicated in all, by one vaccination, has given rise to this popular error.

CASE OF POISONING BY STRAMONIUM.

BY HENRY C. PRESTON, M.D.

ON the evening of the 21st July, 1851, I was called to see the son of Charles Wood, living on Dexter Street. The boy was six years old, and was found in the following condition: was attacked at 7 P.M., with great distress, apparently in his stomach, and had vomited several times, a dark, greenish-looking substance, mixed with his food; he had also several discharges from his bowels, thin and watery. I saw him at 9 P.M.; the whole cutaneous surface of his body, and the conjunctiva of both eyes were intensely red, as crimson; the hands and feet were completely retroverted, and the muscles of each extremity rigid; a slight, but distinctly-marked trembling, shook every part of his body; the trunk equally rigid with the limbs; he uttered a constant moan, with occasional shrieks, and could only be pacified by holding his chest pressed closely to his mother's breast. His whole conduct was like that of a child terribly frightened, and apprehending some terrible calamity; he could not stand, and would not lay down; the pupils of both eyes were dilated the whole extent of the cornea, and perfectly immovable and insensible to light; the least noise, however, startled him, and holding a candle before his eyes, caused violent convulsions of the extremities, particularly a drawing backward, and increased rigidity. I am satisfied that the child knew me, and when I tried to have him swallow medicine, made a decided and very nervous effort to do so; the effort also occasioned an increase of his spasms; he could not articulate, although he tried to speak to me; his efforts to swallow, were nearly ineffectual for an hour after I saw him. During the spasms, the limbs were so rigid I could not bend them; there was entire loss of voluntary motion; but I thought not of the intellectual functions. Pulse very rapid, so that I could hardly count it; in fact I could not count it with any exactness, on account of the constant tremor; mouth very dry; constant muttering, seeming desirous to say something to his mother, but unable to articulate.

I could gain no precise information concerning what he had eaten,

until the next day ; but from the strict correspondence of the symptoms to the pathogenetic effects of Stramonium, I readily inferred that was the cause of the trouble. I gave him globules, moistened with Opium, 3d dilution, every fifteen minutes, and in little more than an hour, he could articulate, and swallow with but little trouble. I followed the Opium with Nux, and then Belladonna, and the next day found him quite well.

CASE OF PARALYSIS OF THE LOWER EXTREMITIES.

BY JOHN J. DE WOLF, M.D.

THIS is the case of a lady in this city, Mrs. M., whom I have attended within the past year, and whom I found confined to her bed a hopeless invalid.

The history of the case, as given by the lady and her family, was this: seven years since, she had an attack of pneumonia ; for this she was treated, *secundum artem*, *Allopathically* ; but during convalescence, erysipelas of the head and face supervened, and extended itself over nearly the whole surface of the body, reaching as far down as the calves of the legs. This, after a while, disappeared ; but from that time she retrograded, grew weak, emaciated rapidly, and by degrees lost the use of her lower limbs, so that, in the course of three months, paralysis was complete. I speak of the *motor* nerves ; the nerves of *sensation* were only partially involved.

How far the paralytic affection was the result of the *pneumonia*, the *erysipelas*, or the *treatment* adopted in either case, it is not easy to say ; certainly it was a *sequence*, if not a *consequence*.

This was her condition when I first saw her, and such *had* been her condition for *six years previous*. Great anxiety was, of course, felt by her family and friends, and having the means, they had, as they supposed, left nothing untried to promote her recovery. She had been under the care of several practitioners of eminence in the Allopathic ranks, who had each, in their turn, exerted their skill, but each left the patient, if possible, worse than before.

Some friend suggested Homœopathy as a *dernier resort*, a kind

of forlorn hope. I took charge of the patient, promising to use every means to ameliorate her sad condition, without being able to afford much encouragement as to the result.

As I have remarked, Mrs. M. had no control whatever over her lower limbs, could not take a single step, nor could she support herself upon her feet for one instant. Throughout the whole progress of the case, there was almost constant disturbance of the functions of some of the pelvic viscera. She suffered intensely from *dysmenorrhœa* at some of the periods; she had several attacks of dysentery, and these were followed by a torpid and constipated state of the bowels. On other occasions the urinary apparatus would seem to be implicated, giving rise to painful retention, irritability of the urethra, scalding on micturition, &c., &c. She also suffered at times from *dyspepsia*, and its accompaniments, acidity, pyrosis, &c. A drawing and aching pain in the back and limbs was complained of a great part of the time.

Having to address remedies to these various and urgent symptoms as they presented themselves, the treatment directed to the paralytic affection was often interrupted.

Without going into particulars any more minutely, it will be sufficient to state that the first remedy employed was *Nux vom.* This was continued for two weeks. During that time a most striking aggravation of many of the symptoms took place. The friends were alarmed, supposing the medicine was doing the patient a positive injury, so that I had the utmost difficulty in persuading them to continue the treatment.

I next gave *Platina* for two weeks. At the end of this time some little improvement was perceptible. I then resumed the *Nux vom.* in alternation with *Plumbum*. These were continued a month with good effect; a decided improvement, in every way, following their use. The patient felt that she was gaining strength in her limbs; the muscles began to act in obedience to the will, and the bowels were evidently returning to their normal condition.

The same remedies were subsequently prescribed, and the use of them persisted in for several weeks in turn; each did its part toward the restoration of the patient, though probably the *N. vom.* and *Plumbum* were most efficient.

The whole period occupied in the treatment was six months. This was sufficient to cure a paralysis of *six years* standing.

At the end of the first two months the patient could support herself in an erect position with the aid of a cane, and in another month could walk across the room without assistance. At the end of three months more, she could use her limbs about as well as before her six years' imprisonment. Her health is now quite good, and she rarely has need to call a physician.

In conclusion, I would observe that the only external means and appliances used were, *first*, daily applications of cold water to the spine and pelvic region, followed by smart friction. *Secondly*, *Galvanism*; this, however, was only tried for a short period, and in the latter part of the treatment, after the most material improvement had been effected by the use of the internal remedies.

I omitted to say in the proper place, that this lady had also been subject to a regular course of Hydropathic treatment; but without the slightest improvement in her case, so that I have no hesitation in saying that the cure was due to the Homœopathic remedies employed.

SYPHILIS.

BY JOHN J. DE WOLF, M.D.

It has often been alleged with regard to Homœopathy, that whatever else it might cure, it was unavailing in a case of severe, unmitigated Syphilis; and this has been said, too, not only by the opponents of Homœopathy, but even by Homœopathic physicians themselves. It is to be hoped, however, that all these, after an enlarged experience, will be convinced that such a statement is a fallacy.

The following case of Syphilis was under my care during the past year. I was first called to see it on March 3, 1852.

P. D., a seaman, aged 30, contracted syphilis, in Marseilles, in the summer of 1851, and was treated, on the return voyage to New York, by the master of the ship, no doubt in a very unscientific manner. The disease gained ground, so that by the time he reached New York he was wholly disabled, and entered the hospital, and was thenceforward for the next *six months* under treatment

there. At the end of this time, he was discharged as *incurable*, and advised to go home among his friends,—that is, to *die*.

He came to this city, and not being satisfied to follow the advice of his New York physicians, determined to make one attempt before he “gave up the ship.”

I saw him on the 3d March, and a more pitiable object never presented itself to my eyes. His flesh was very much wasted, his appetite gone, and his strength enfeebled. The ravages of the disease were truly awful. An angry, phagedenic ulcer, eight inches across, nearly covered the left side of the abdomen. The oblique and transversalis muscles were entirely eaten through, so that in several places the peritoneum was exposed.

Another large, deep ulcer had fastened upon the dorsum of the penis, near the os pubis, and, in addition to this, one-half, very nearly, of the scrotum was destroyed, so that the left testicle was completely denuded.

Taking into view the length of time since the disease was contracted, the probable injudicious treatment, and the present state of the system, there was apparently but small chance of recovery.

I commenced the treatment by prescribing *Nitric acid*. This was done under the supposition that the man had been subjected to a mercurial course in the hospital (for as regards the medicines used he could give me no information), and for its antidotal effect. This was continued for three weeks. At the end of this time, his general health and strength had materially improved; but the ulcerated surfaces presented much the same appearance as before.

On the fourteenth day of the treatment, a very profuse hemorrhage took place from the dorsal vein of the penis. The patient was quite exhausted, and the flow of blood with difficulty restrained.

Aurum muriaticum was now substituted for the Nitric acid, and its good effects were speedily seen. The edges and bases of all the ulcers assumed a better aspect, healthy granulations gradually filling up the unsightly cavities. This medicine alone was continued for five weeks. At this period, which was eight weeks from the commencement of the treatment, what was the patient's condition? His general health was re-established (I had allowed him a little wine and ale), the appetite and digestion good, and all the functions unimpaired. The large ulcer of the abdomen had contracted to the diameter of three inches, and that on the penis was entirely

healed. The scrotum had so far closed up as entirely to cover the exposed testis, and an opening not larger than a ninepenny piece remained.

I wish it were in my power to give the conclusion of this case ; but the patient had so far recovered that he determined to return to his vocation, and shipped for a whaling voyage to the Pacific, so that I entirely lost sight of him. I supplied him with medicine, and there is no reason to doubt that, if he faithfully followed my directions, a perfect cure was the result.

I would add that nothing was used externally, except water dressings, which were kept applied during the whole period.

This case was seen by several medical gentlemen while I had charge of it, among whom were Drs. Preston, Hoppin, and Vernon, of this city, all of whom united in saying that it was the worst case of Syphilis which had ever come under their observation.

CUPRUM IN CHOLERA.

THE Allopathic profession has just discovered that Cuprum Metallicum is a preventive of Cholera Asiatica. An important fact, certainly, but it is nothing new to the Homœopathic profession. Hahnemann made known years ago the value of this remedy, not only as a preventive, but as a curative agent in certain stages of the disease. The publication of this so-called discovery at this time only proves what we have previously stated, that Allopathic physicians are ignorant of the literature of Homœopathy. The value of Cuprum as a curative agent in cholera is known to any one familiar with a domestic treatise. We are happy, however, to perceive in this, that the records of Allopathy at the present time are substantiating the truths made known by Hahnemann years since. We invite these gentlemen to continue their investigations, and see if they cannot demonstrate to their own satisfaction a specific power in other substances equally as well shown as the one now admitted. We subjoin an extract which will show, in their own language, the value of Cuprum Metallicum in cholera.

COPPER VERSUS CHOLERA.

“It is stated that many of the citizens of New Orleans have provided themselves with pieces of copper about six inches long and three wide, which they carry about them as a sort of protection against the cholera. They have been induced to this course by an alleged discovery by Dr. Burq of Paris, who states that in certain streets of that capital, as well as in other cities, while the cholera prevailed in almost every other quarter, every coppersmith retained his usual health, and not a cholera-case occurred among them. The copper foundries of Paris number thousands of workmen, scarcely any of whom fell victims to the cholera of 1832, or of 1849. But we cannot do better than to transcribe from the original memoir by Victor Meunier an account of this wonderful discovery.

“‘Dr. Burq, says the writer, commenced his inquiries on a vast scale, and continued them during five months. In Paris alone he visited four hundred houses, manufactories, foundries, and other establishments for the working of metals. He corresponded with the officers of various associations of workmen, and especially of blacksmiths, coppersmiths, locksmiths, and farriers. He wrote to the heads of similar establishments in all the principal departments of France. Not satisfied with having accumulated a mass of evidence from upwards of 100,000 persons, he applied for further information to England, Sweden, and Russia; to the director of the mines of Siberia, from whom he obtained information respecting 46,000 miners; to the cutleries of Sheffield; the iron works of Birmingham; the wire works of Wales; mines of Sweden and Russia, and finally, having gathered the testimony of more than 300,000 individuals, he addressed a memoir to the Academy on the discovery of a means of preventing cholera.’”

“The following are the conclusions deduced from Dr. Burq’s observations.

“‘During the epidemic visitations of cholera in France in 1832 and 1849, *the metals exerted a beneficial influence on every occupation in which they are habitually used.* This influence, which is so palpable as to create surprise at its having been overlooked, is particularly remarkable in those trades in which bronze and brass are much employed. Next in importance are occupations requiring the handling of steel and iron. The protection afforded by metallic

substances is twofold and distinct. First, preventive; second, curative. As a preventive, they act doubtless directly through contact, and in proportion to the quantity of metal, and indirectly by close proximity—somewhat like a lightning rod which protects individuals within its sphere of action. The preservative power exists in all the metals in proportion to their excellence as conductors of electricity. As a curative, the power seems vested in copper alone, which would appear to act upon the miasm of cholera, like sulphate of quinine on the miasm of intermittent fever. In one foundry in Paris, numbering 1360 persons, only eight died, and of these, one was a drunkard, one an apprentice, two were sick at the period of the outbreak of the cholera, and one was taken on Sunday, while absent from the foundry. Dr. Burq concludes from these facts that copper and its alloys, such as brass and bronze, steel and iron, applied directly to the skin, and worn permanently, are an invaluable preventive of cholera during an epidemic.’”

PROVINGS OF AQUA PETRA,

FROM THE MINERAL SPRINGS OF CHASE AND BRITTINGHAM.

BY D. S. KIMBALL, M.D.

COMMENCED proving it the last of June, by taking a teaspoonful of the solution twice a day, prepared as follows, viz.: half a teaspoonful of the powder, obtained by evaporation of the water to dryness, was mixed with five teaspoonfuls of sac. ab. pur. and pure arrow-root, in the proportion of a quarter of the latter, so as to render the former more pulverulent. This again was divided into four or five parts, each part being triturated in a glass mortar, twenty minutes or upward, and the whole put in one quart of soft water, and well shook in a glass bottle. The following symptoms observed:

Itching and scaliness of the scalp afternoons and evenings; burning smarting of the eyes, especially the margins of the lids; photophobia; mucous discharge from the eyes; aching-pain through the eyes and orbits, increased by motion and the open air, or sunlight—

relieved by quietude; itching in the ears, and snapping in the right one when chewing; blood in the nose frequently, and dryness of the nostrils; itching and scaliness of the face. The tenderness of the gums over a decayed tooth immediately disappeared; appetite, before poor, is increased; digestion improved; scraping and roughness in the throat; relief of the aching, faint sensation in the abdominal region, extending sometimes even to the œsophagus and throat, especially after an evacuation, together with the scratching sensation extending the whole length of the alimentary canal; increased secretion of the alimentary canal; aching in the abdomen, and through the whole length of the alimentary canal, even to the throat (by its continuance some time), so that I was obliged to discontinue it, and take remedies for relief; two stools a day; pressing or bearing-down sensation in the abdomen; increased secretion of urine and cutaneous transpiration; frequent micturition—urine pale, watery, and with but little smell; considerable scalding on micturition, scalding continuing several days; somewhat tenacious mucus in the larynx and trachea; cough, frequent paroxysms, and continued disposition to cough, with rough, scraping sensation in the throat; cough rather dry, with occasional expectoration of mucus, affording but little relief; aching and weakness in the lumbar region; sound and uninterrupted sleep, and disposition to sleep in the morning; tired on first waking; relief from the lassitude, and want of a disposition to attend to business which I had before taking it; relief of the symptoms at evening, except the cough and those of the back.

After fully recovering from the foregoing symptoms, I took two or three larger doses in succession, *dry*, at several different trials, when, from a renewal of most of the foregoing symptoms, I was obliged to discontinue it on account of the sufferings being so severe. The only additional symptom observed was pain, congestion, and stricture of the chest, several times. On the 2d October, I put one half teaspoonful of the crude *untrituated* powder into a pint of well water, and commenced the proving again—dose nearly a spoonful, twice daily.

The symptoms the first and second day were itching and scaliness of the scalp, also of the face and ears; roughness and adhesive mucus in the throat, which it is difficult to remove; sensation of something remaining in the throat, like particles of food; paroxysms

of continued cough; aching and faint sensation in the abdomen, extending even through the œsophagus to the throat, and in the throat, with diminished appetite; aching in the viscera and lower abdomen; urine increased and scalding; burning in the urethra, remaining after an evacuation; scratching sensation, with a faint weakness in the alimentary canal, remaining some time after an evacuation; congestion, pain, and stricture in the chest, more especially the upper half; weakness and rheumatic pain in the lumbar region, more apparent in the afternoon and evening; general weakness; lassitude in the afternoon; aggravation of the symptoms in the afternoon; relief at evening; sound and protracted sleep; much *flatus* passed toward morning.

All the symptoms of a violent cold the third and fourth day, so that I was obliged to discontinue it on the fourth day after taking one dose in the morning; headache and fever in the afternoon, and coughing nearly all night.

On the fifth the sufferings were so great in the afternoon and evening—headache, chills, violent fever, and aching of the bones and limbs, and restlessness, together with the former symptoms—that I was obliged to take Aconite several times.

On the sixth, frequent perspiration after taking the second dose of Acon., and somewhat relieved; the roughness, scraping, and coughing continue, and are dreadful; had a paroxysm of coughing about ten and one or two o'clock, P.M., lasting from an hour to an hour and a half each time, with watery, frothy, transparent mucus at first, but later becoming tinged yellow, as from saffron, appearing to come from the upper portion of the lungs; irritation of the fauces, larynx, trachea, and upper half of the lungs very great; sensation of roughness and scraping in them; the sputa was tenacious, and watery mucus, without color, the first days; now watery and frothy, quite yellow; substances brought up by coughing from the throat, like that which collects round the teeth where the brush is not often used, smelling much the same, rather soft, like cheese; coughing apparently worse on lying down or exercising the lungs.

On the seventh, fever much relieved, from three doses Acon. and one of Bry., and coughing not as bad, but in the afternoon and evening aching in the upper portion of the lungs, extending to

the throat; stricture and all the symptoms of incipient pneumonia, or, rather, bronchitis (had talked and exercised the lungs too much); pulse full and more accelerated; sputa still yellow, and as yesterday, with now and then some few particles thick, opaque, and muco-purulent, of a dark color.

Took Acon. last night, and in the morning, and feel relieved; had only one violent paroxysm of coughing to-day, at four o'clock; sputa still yellow when coughing violently; the rough, scratching sensation extends from the throat quite down to the middle or centre of the lungs, involving all the upper half; the cough, from the beginning, at times, is fatiguing, exhausting, suffocative, and the sputa difficult to raise, or, if raised, immediately replaced by other; the weakness and aching in the back toward evening continues; the secretions and excretions of the whole mucous membrane seem much freer, especially the respiratory, alimentary, and the urinary; apparent restoration of the previously thin hair on the crown and top of the head from using it locally the first proving. After this the symptoms gradually abated, so as not to be troublesome, excepting the weakness induced.

On the ninth and tenth day pretty comfortable, except weak; had, however, in the afternoon a faint, oppressed or asthmatic sensation in the chest, lasting over an hour in its worst form, and a trace of it remaining all the afternoon; slight pain occasionally in the upper portion of the lungs.

Its greatest sphere of action seems to be upon the throat, larynx, and trachea, chest, abdomen, urinary organs, loins, and skin of the head and face.

We are authorized to say that Chase and Brittingham make no charge for the water from their spring, when persons choose to help themselves. If the proprietors spend their time in putting it up and sending it away to order, they require a fair remuneration for such services, which is certainly reasonable and right.

THE HAHNEMANNIAN INSTITUTE.

[THIS Association, composed of young men connected with the Homœopathic Medical College of Pennsylvania, was organized for the purpose of cultivating the true principles of medical science, in accordance with the Hahnemann philosophy. It has been in operation several successive winters. It begins its session about the time the lectures in the College commence, and closes about the same time the exercises of the College close. During the entire session, the Society meets twice a week, and institutes a critical review of the studies that have been gone over in the mean time, in the College, and the members discuss such other matters as will favor an advance in the attainment of genuine medical knowledge.

At the close of each session, they have adopted the plan of holding a commencement, at which they have an annual oration and valedictory; and all those who have been sufficiently successful to become passed candidates for the degree of Doctor of Medicine in the College, are rewarded with a diploma from this Institute also, provided they have complied with its rules and regulations in other respects.

We take pleasure in giving our readers the first annual oration, delivered at the last commencement of this Society, believing that it will be perused with interest.—ED.]

GENTLEMEN OF THE HAHNEMANNIAN INSTITUTE,—In the discharge of the honorable duty which you have assigned me on this occasion, the mind irresistibly falls back upon the past; not so much to gather afresh the wreaths and the laurels that have been justly won; but to derive vigor for the future, from the truths that have been developed, and the errors that have been exposed.

The name of the distinguished sage of Coethen with which your honorable Association is coupled, awakens in the memory the origin of our noble cause; and while we would honor so venerable a name, one that has been often referred to with evident tokens of respect, throughout the world, we would by no means lose sight of the distinguished mission he was reared to fulfil.

At a time when darkness curtained the hills; when miseries heaped upon miseries unfortunately were the lot of mankind; when the world seemingly was beginning to emerge from the mysticism of the dark ages; when religious freedom began to be tolerated; when

political and civil rights began to be respected ; when the sun of science began to disperse the haunting visions of the superstitious night ; then it was that the venerable personage, whose honorable name you may be proud to be associated with, began to look about him, to deplore the ignorance, superstition, and follies, and, I may add cruelties, still cherished in the noble profession of which he was so distinguished a member. His towering mind became pregnant with matters of the greatest importance. He was the medium of giving birth to a new dispensation in medicine, the beginning of which, bright with prophetic promise, was followed by innumerable benefits for the human race.

Without seeking to detract from the reputation of patriarchal medicine, we but speak the sentiments of most modern authors, when we assert that the attainments in science at that remote day, had but very little connexion with the usages, customs, appliances, and incantations then practised in the healing art. Men of the medical profession were skilled in the science of anatomy, chemistry, natural philosophy, and natural history, in all its branches ; but they were unable to call these sciences into requisition in practical medicine, for the simple reason that they had no polar star to guide them in the choice of remedial agents.

Hippocrates and his disciples were eminent in their attainments. They were accurate observers of the rise, progress, and termination of diseases. They also observed the effects of medicines, and seemingly had a glimpse of that principle in nature, that points out their remedial application. Experience taught them many things ; and the recorded facts of their observation, have remained until the present day as dim lights by the wayside, in allopathic practice. Many facts were recorded by these men, which will ever be looked upon as corroborative evidence of a universal principle of cure.

The natural sciences, and the practice of medicine, were more nearly allied in the days of Hippocrates, than in succeeding times ; for after the days of this venerable patriarch were ended, there sprung up different sects, advocating different theories, on which to found the practice of medicine. The true and legitimate science of the times, became forcibly divorced from the practice of medicine, and that usurper of rights, and murderer of true principles, *the mere conjecture of the human mind*, seized upon the reins, and bore mighty sway throughout the whole department of medicine.

The mere conjecture of one man is no better than that of another. The conjecture of a wise man may be no better than that of a fool; and when the beaten track of science is left for the purpose of roaming into the wild forests of conjecture, we may reasonably expect a multitude of theories to follow in the wake. Such was the case during the age of which we speak. It was the conjecture of one that all diseases were confined to the solids, and of another, that all were confined to the fluids; another conjectured that four different fluids engendered four different classes of inveterate diseases, viz., nerve-fluid, blood, bile, and black bile; an excess of either the one or the other of these fluids, gave rise to the peculiar disease that such excess was capable of engendering. Too much blood would engender inflammatory diseases, and the hero of the lancet must perform the feat of phlebotomy to reduce the pernicious excess of the crimson current that flowed in the veins. Too much bile would bring on bilious diseases, and the contents of the doctor shop must be swallowed, or at least a *quantum sufficit* to convulse the stomach into direful vomitings. And if too much black bile, giving rise to all those dyspeptic, melancholic, hypochondriac torpidities, which even at the present time we see instances of among the sons of earth, then would aperients, laxatives, and hydrogogues be poured down the throats of suffering victims without mercy. Growing out of these various conjectures concerning remedial means, were all sorts of nonsense and cruelties in medicine. These were not only practised at the remote period of two thousand years ago. Such practices multiplied till within the 19th century. Were we to draw a picture of the practice of medicine as it presented itself to the venerable Hahnemann, previous to that highly delighted period of his life when he made the discovery of a "law of cure," the necessity of a new dispensation would be manifest. Throughout the whole world the medical profession seemed actuated by the strange infatuation, that the unfortunate sick were to be cured through torturings and suffering of some kind or other. Under some circumstances, the blood which flowed from their veins was made to crimson their very dwellings. Cathartics were made the vehicles of utter prostration; emetics were made to disgorge the contents of the stomach; blisters, smarting with pain; deep-seated issues and setons, inflamed and smarting, burning and aching, rendering life tedious and painful, and a scene of wretchedness and woe. A

charity hospital filled with the suffering sick, ground down by the professional tortures that hitherto have been the cursed characteristics of the practice of medicine, would at once present a sufficient argument in favor of some new dispensation in the cause.

It was in this hour of darkness, when it was deemed righteous to do a positive evil in view of obtaining an ultimate good; when a greater number of the suffering were sent to the tomb, from all appearance, in consequence of mal-practice, than fell victims by disease; when the maimed, and the blind, and the crippled had found their way into society, through the ignorance and mal-treatment of their medical advisers; when the husband and father was sent to his dismal cell a maniac, because of the shattered condition of the nervous system, through the influence of drugs, and the wife and the children were stricken and afflicted by diseases and distresses which the ignorance and cupidity of the profession were the sole means of inflicting upon them,—it may be repeated, that it was in this hour of darkness and dread, that the glittering star of science that rose so splendidly in the mind of the distinguished Hahnemann, brought out that successful channel of escape, found in the doctrine and practice of Homœopathy. In 1790, only sixty-three years ago, Hahnemann was employed in translating Cullen's *Materia Medica* into the German language. It was during the performance of this labor, that he became struck with the febrifuge qualities of the Peruvian bark, and fired with the zeal of ascertaining its inherent virtues, and mode of action, when in a state of the most robust health, he commenced its use upon his own person, and in a short time he was attacked with all the symptoms of an intermittent fever, similar in all respects, to those which that medicine is known to cure. The similarity of the two diseases struck his mind in such a way, as to lead him finally to divine the great truth which has become the foundation of Homœopathic practice.

He was not, however, an incautious innovator upon the established usages and doctrines of his profession; he was not content with one experiment. After establishing the similarity between the disease which the cinchona would produce, and the one which it was known to cure, he tried the virtues of other medicines on his own person, and on those of his friends, and in the course of his investigation, he arrived at the conclusion that every medicine

possessed the inherent power of exciting in healthy subjects symptoms similar to those which it will cure in the sick. He compared the assertions of both ancient and modern physicians respecting the properties of poisonous substances with the result of his own experiments, and their coincidence led to his deduction of the "law of cure" expressed in the Latin formula "*similia similibus curantur.*" With his mind lit up with this formula of truth, he recommenced the practice of medicine with the most unequivocal prophetic enunciations that his labors would ultimately prove a source of consolation to mankind.

The beautiful chariot of Juno, rich with immortal gold, and drawn by steeds divine, and the golden reins the immortal coursers held, could not guide the fair goddess to a scene of brighter glory than did that gem of sparkling light which surrounded the head of the immortal Hahnemann like a halo of glory, when he announced the glad tidings of great joy that the sons of earth would realize in the advent of the new medical doctrine of Homœopathy.

In 1796 he published his first dissertation upon the subject in Hufeland's Journal. In 1805 he published a treatise on the virtues of medicine, and in 1810 he published his *Organon of the healing art*, a book full of principles that will for ever remain an imperishable monument of his fame. In 1811, only 42 years ago, he opened a medical school in Leipsic, where he and his pupils zealously investigated the effects of medicines on the living body, which formed the basis of that distinguished book, the *Materia Medica Pura*, published during the same year. But few, comparatively, gave countenance to the discovery of Hahnemann for several years, yet silently its influence made its way into the minds of many eminent men. Physicians of the highest rank were led to investigate its claims. In 1824, the celebrated Rau, physician to the Duke of Hesse Darmstadt; Bigleus, physician to the Emperor of Russia, and many other names celebrated in medicine, became the disciples of Hahnemann. Like many other discoveries in medicine, the distinguished founder of our school was persecuted with the utmost rigor, but his doctrines, planted upon the immutable rock of ages, were destined to arise in meridian splendor to shed their light throughout the civilized world. Already they have spread through Russia, Prussia, Austria, France, Spain, Italy, England, Ireland, Scotland, Wales, and in North and South America, and among

their votaries may be numbered men of the greatest attainments in science, literature, and art. Chairs have been established in several European universities for the purpose of affording thorough and complete instruction in the science of Homœopathy. And although the opponents of our cause have uniformly persisted in asserting its rapid decline, yet within a few years only, many honorable accessions to our ranks, of men of the most distinguished science, have tended to silence this calumny in high places. A Henderson of Edinburgh University, a Tessier of a celebrated hospital in Paris, together with hundreds of others, of equal eminence and renown, have within a few years become champions of our cause; and to confront a circumstance of the kind with the sweeping assertion that Homœopathy is nearly defunct, or cherished only by men of indifferent attainments in science, is, to say the least, either a deliberate falsehood or a species of puerile ignorance and unmitigated folly and intolerance only worthy of the source from whence such assertions can emanate. Thus it will be seen that Homœopathy, from the central point of its commencement at Leipsic, has spread in every direction throughout the civilized world, and among the physicians of our school we may enumerate thousands of highly educated and scientific men, and among our patrons, kings, princes, and numerous other persons of civil authority and renown, and finally, of millions of the more intelligent and better classes of society; and what is better, their number is increasing with the rising and setting of the sun. And wherever an intelligent scientific practitioner of Homœopathy is found assiduously engaged in the conscientious and upright performance of his duties, the cry is ever heard, "And still they come!" And although the Jupiter of Allopathy may hurl all the thunderbolts that his Vulcan can make, so long as truth is our wall of defence, there will be no abridgment of the success of our cause, and no evil can befall the honest and upright votaries of the Homœopathic healing art.—*Mayna est veritas prævalabit.*

The advent of Homœopathy was for the benefit of mankind, and the mission must be fulfilled. Already enough has been accomplished through its mission to warrant the most desirable expectations in the future. But what are the benefits already conferred, and what hopes have we with regard to the future? These are questions worthy of being answered. We may enumerate the benefits already realized as follows.

1. Homœopathy has revealed a law of cure that points out the accurate use of remedial agents. The discovery of this law has been the means of elevating the practice of medicine to the dignity of a science, and until the advent of Homœopathy, the practice of medicine was made to rest upon no fixed principles, but upon a jargon of conflicting theories and opinions, and therefore it presented one continuous scene of changes, "like the scenic representation of dissolving views." Bleeding, purging, vomiting, and sweating, formed the four grand pillars of Allopathy. The heroes of the lancet could see nothing but vitiated blood permeating the vessels of their invalid patients, which must be abstracted in order that new blood might form to take its place. The heroes of the pills and electuaries conjured up foul mysteries at work in the primæ viæ that must be forcibly dislodged by cathartics. The bile-struck theorist could see nothing but bilious difficulties, that the convulsive power of *emesis* could expel from the system, while nothing but a purgatory of perspiration would satisfy that other class of theorists that maintained that disease must be made to escape by firing up the system to an evaporating pitch. All these central pillars of Allopathy are ever surrounded by adjuvants of support to suit the particular predilection and meshwork of conjecture of each dignified theorist. Only a slight view of the evils that have befallen the human race in vainly attempting to give practical support to the various theories that have been invented in medicine, would suffice to convince a candid observer, that more have been maimed, more have been made to sacrifice robust constitutions, more have been compelled to dwell in the midst of sickly families, more have been shut out from the light and bustle of the day; nay, and yet more have been sent to the sepulchres of the dead, through the agency of the prostrating treatment I have named, than from the raging of pestilential diseases, the curses of famine, and the fortunes of war. The first use of Homœopathy is to save mankind from so lamentable a lot. She brought to light a method of treating the sick based upon an immutable law of nature, that superseded the necessity of resorting to the dangerous, or rather, hazardous, violence that was uniformly appealed to for the purpose of extirpating disease. She has already accomplished a prominent feature of her mission. She has demonstrated that disease can be durably cured without violence, without the terrors of torture and deathlike

prostration. She has done more by pointing out the direct method of cure. She has essentially abridged the duration of human suffering from the common ills of life, and by reason of this demonstration she has made her way into every department of society. She has demonstrated that any and every curable disease can be overcome without inflicting further suffering upon the patient. A very large proportion of the patronizing public have been, and still are, thoroughly satisfied with the demonstration, and like faithful missionaries in the cause of truth, through storms of persecution they rally under the banner of Homœopathy.

But the immeasurable benefits arising from the advent of the new doctrines have by no means been confined to its advocates and patrons. Its influence has been seen and felt in all departments of society, and even by the honorable opponents of our cause. The growing inclination of the public to sustain Homœopathy, has been the cause of alarm throughout the domain of Allopathy, and a wholesome restraint has been thrown around the Allopathic practitioner. It is often remarked in common conversation that all physicians are more sparing in their use of drugs than formerly; that bleeding is more rarely countenanced; that cups, setons, and issues, have comparatively fallen into disuse; that blisters and cauteries begin to be discarded in general practice. Whence all this change in the prevailing school of medicine? Is it not apparent that conviction has penetrated the Allopathic ranks? that the so-called thorough treatment is fraught with mischievous consequences, that can only be remedied by abridging the dosing system? "Our doctor seldom bleeds, and he gives very little medicine," is the common remark of Allopathic patrons. And this is true. But what has wrought the change? What has sent conviction home to the minds of our opponents, that drugs should be used more sparingly than ten, twenty, or thirty years ago? What has been the means of rearing up the school of young physic, so ready to trust the recuperative energies of nature, instead of pills, boluses, and other prostrating agents? What has driven the cuppers and leechers into the necessity of seeking new modes of obtaining a livelihood? What has occasioned the famine among the retail apothecaries? But little sagacity is required to afford a satisfactory solution of these queries. The light of Homœopathy has disclosed the fact that immoderate dosing and drugging are unneces-

sary in the community, and the patronising public, wide awake upon the subject, refuse to submit to the practice, and the prevailing profession, even if they attempt to disguise the result, are absolutely driven to discard that which its patrons will no longer tolerate. And thus, it may be said in truth, that the advent of Homœopathy has left its impression not only upon the whole face of the patronising community, but even upon that of the Allopathic profession itself; and if it accomplishes nothing more for a generation to come, its influence will descend to posterity as a blessing of the first magnitude. Were we to attempt to estimate the benefits that have already accrued from the advent of Homœopathy, we should be lost to find language to express it.

But, gentlemen, the progress of our cause is still onward; it has not reached its culmination. Our star is still in the ascendant, and it will not reach the zenith of its glory until the whole medical profession throughout the world shall have been purged from the errors, superstitions, and cruelties, which the ignorance and cupidity of man have heaped upon it. Though the cry is still heard in our midst that Homœopathy is going down, let it awaken no anxious fears for the result. If the same ratio of its advancement be continued, the time is not distant when the universal cry will be heard that drugging, blistering, bleeding, and all the cruel appliances of medicine, are banished from the pale of civilized life, as the last relics of barbarism handed down from the dark ages. Then will it be said that mankind have been redeemed from an incalculable amount of misery, wretchedness, degradation, and woe; and Homœopathy then will have gone down in earnest, or rather, it may be said, it will have come down in earnest, for its origin was from above, and it has graciously descended, down, down, down continually, until it has penetrated all the circles of society, and, like the leaven hid in the meal, its charm will spread until its own fabric is complete. The stone that became musical by the touch of the harp of Apollo is a fit symbol, representative of the power and influence of Homœopathy in transforming the practice of medicine throughout the world into its own exact image and fruits. When the doctrines of Hahnemann were first announced, they were passed from one wise doctor to another, like the tripod of Delphi, on which sat the oracle of Apollo. The seven wise men of Greece consecrated the tripod to Sol, who enlightens the world; and the wise men of

the medical brotherhood will yet consecrate the scientific ground on which Homœopathy rests, for the benefit of the human race.

But, gentlemen, the fulfilment of this prophecy is to be accomplished by the perseverance and energy of men faithful and true to the Hahnemannian doctrines. And ye, who have taken the liberty of styling yourselves Hahnemannians, must not fail of donning the robes of your patron. I need not eulogize your Institution, nor your enterprise, nor yet the benefits you have severally derived and conferred. For this is all apparent, and he who would look upon your creditable efforts with distrust and indifference is totally unworthy of your name. You style yourselves Hahnemannians. There is vitality in the name. Hahnemann was a working man, and if you would be his genuine disciples, you must work too. You must work singly, and you must work together. The man that calls himself Hahnemannian,—that sinks into a lazy, idle, routine practice,—that isolates himself from his brethren, and contributes nothing for the support and interest of Homœopathic institutions, is no better than a *dementato*, who styles himself a prophet of God. He ought to repudiate the name he so dishonors in his life.

Permit me to delineate concisely the character of a true Hahnemannian.

1. A gentleman, worthy of this title, must be an honest, honorable, and upright man.

2. He must recognise the truth of Hahnemann's discovery. He must believe in his very soul that he disclosed a "law of cure."

3. He must faithfully adhere to that which this law propounds,—that diseases cannot be cured except in accordance with it,—that medicines given upon any other principle than *similia similibus curantur* must either prove a source of injury, or of no avail,—that medicine, to have a favorable action, must undergo successive triturations or attenuations,—that only one remedy must be used at the same time,—that medicines must not be mixed together, because it is impossible to arrive at any satisfactory conclusion respecting their joint action,—that they should be administered singly, and shut out entirely from the modifying or counteracting influence of any other medicinal substances whatever,—that the diet should be nutritious, easy of digestion, and free from spices or condiments, except salt,—that no medicine should be used unless

it can be affiliated to the symptoms of the disease, in accordance with its pathogenetic character, accurately ascertained through numerous trials upon persons in health.

He must not only stick to all these rules in his own practice, but he should associate with his brethren maintaining and supporting the supremacy of these rules. Wherever a joint effort is necessary for the support of the cause, he must be in the midst with his shoulder to the wheel. He must not wrap himself up in a mantle of selfishness, and talk about taking care of number one, when he is dependent upon the cause of Homœopathy for his support. A true Hahnemannian will support the cause that supports him. He will add to its resources; he will multiply remedies, and aid in searching out the capabilities, powers, and applications of remedies. He will follow in the footsteps of his illustrious master; he will prove remedies upon himself and friends; and he will continually hold the resources of nature subject to *Materia Medica* contributions.

The true Hahnemannian, in his individual capacity, will not only develop all the resources of *Materia Medica* within his power, but he will learn the right application of his knowledge through the aid of the collateral sciences; he will be skilled in anatomy, physiology, surgery, chemistry, natural philosophy, and botany. He will consult the whole domain of the positive sciences, to aid him in the performance of his professional duty, and in his collective capacity he will associate with his brethren for the purpose of developing, or rearing institutions for the promotion of the consolidation of the sciences in the uses of the profession. Can a genuine Hahnemannian neglect to give his support to a society or institution having for its object the promotion of the cause of Homœopathy? Are not such institutions identified with the cause? Why neglect them, gentlemen? You have promised to support them, and you must do it. If you are liberal in the support of the Homœopathic cause, according to your ability, the Homœopathic cause will support you. If you freely give, you will freely receive. But if you do otherwise, you will reap a corresponding reward.

Let it be well understood, then, that a Hahnemannian is a living man, alive to all the interests of Homœopathy, alive to its support, and alive in its defence; and when you separate and wend your way in different directions, to your homes, go forth as living Hahne-

mannians, full of vigor and manly courage, to face the persecutions that frown upon you, and to surmount the obstacles thrown in your way.

Be kind, liberal, courteous, and gentlemanly towards your opponents. Those who boldly oppose you may be honorable men, and worthy of your kind regard. Aim at rising above personal animosities, and let the important truth sink deeply in your minds, that whatever measure you mete shall be meted out to you again. Cherish, with all your might and main, the precepts of morality and religion, and whether your lot be cast among the rich or the poor, the high or the low, be the equal and kindly brothers of all.

And, finally, when you each find a home and a field for your professional pursuits, remember your relation to the Hahnemannian Institute; that you have been trained and drilled for actual service, in the cause which you have espoused; confide in nothing but correct principles of action. When friends surround you, let your conduct secure a continuance of their confidence, and support. When persecutions assail you, let no storming passions disturb that peace and tranquillity of mind which will shield you from harm. When the foul tongue of calumny hurls its venom at you on account of your principles, you have only to shelter yourselves under the walls and bulwarks of your faith; it is better, even, to die a martyr, than to fall merely by a mistaken suicidal course of your own.

Your present relations are about to terminate, and now is the "commencement" of a new era in your lives. You have principles to cherish, and these principles cannot die. Let your life and conduct be an outstanding image of what you profess, and this course will shield you from the blasts of ridicule, the venom of scandal, the secret detraction of foes, and from the evils of failure in the maintenance of your own cause, and, moreover, this course will promote your distinguished usefulness in the society that surrounds you. It will bless you with peace and comfort of mind, and surround you with prosperity and happiness during your career on earth, and ultimately secure your passport to a better and brighter world.

That each and every one of you may find a successful field for your future labors, where your inmost soul may be delighted in the amount of good you may accomplish, will ever be the sincere and

devoted wish of myself and colleagues. And wherever you go, whether among strangers or friends, we humbly trust your future relations with your alma mater, will be of the same friendly character as at present. We mean no flattery, when we predict your deservedly future success, and frankly express to you our convictions that you will reflect honor and credit upon the Institute from which you obtain your passport to your future career of usefulness, in relieving the sickness and sufferings incident to mankind. May Providence guide to a pleasant lot, and may your highest expectations for the future, be fully realized; and long may you live to cherish and dwell in the light of the Hahnemann Medical Institute.

OLEUM JECORIS.

BY DR. S. M. CATE.

WE have used Oleum Jecoris in some kinds of cough for the last two or three years, and in some cases with the most marked effect. Our notes of the use of it, are, for the most part, very imperfect, still we think the notes we have of two cases, are sufficiently accurate to throw some light on its therapeutic action. The second case clearly indicates the action of the medicine in the second attenuation, and we would state that we have found it sufficient in that form. We think the remedy worthy of a more careful investigation than it has hitherto received, and hope ere long to see its pathogenetic effects collected and published.

Case First. Mrs. Blank, æt. 25. Four days ago some hoarseness came on towards night. Next night it returned more severely, accompanied with a dry, frequent, hacking cough. In the morning raised some thick mucus that seemed to come from the bifurcation of the trachea. The cough came on with increased force the next afternoon, and was worse after lying down. With the cough some dry coryza, and sneezing. Some oppression of the chest towards night.

R. Oleum Jecoris (crud.), 1 drop two or three times a day. Cured in the course of a week.

Case Second. Mr. H. S., æt. 55. Has always enjoyed good health (with the exception of an attack of typhoid fever some forty years ago), until some two or three months ago he was taken with a cough, as he supposed from an ordinary cold, for which he took the common simples in domestic use, for near two months, and kept about his usual business as a carpenter. About two weeks before he applied to us, he had taken a prescription from an Allopathist without benefit. We commenced the treatment about the 8th of June. Then he had a dry convulsive cough (almost suffocation at times), with some soreness, and a sensation of constriction about the lower part of the chest, and some soreness of the epigastrium, and right hypochondria, and accompanied, at times, with retching from the violence of the coughing. The cough was night and day; rather worse after going to bed, and in the morning. The expectoration scanty and frothy, and there was a sensation at times, of something in the trachea that seemed to make him cough. Night-sweats and prostration of strength, though he sits up most of the time during the day. Pulse 80 per minute, and full; appetite poor; tongue coated, whitish in the middle; an occasional sensation of dizziness.

We gave him Nux Vom. 6, and Bryonia 6, in alternation, once every four hours, to be followed by Lachesis 9. These remedies were followed by some improvement of the constriction about the chest.

June 10th we gave him Phos. 6, which was followed by a most violent aggravation of the cough, so much, and so perceptible, after each dose, that the patient, though he had but little faith in Homœopathy, discontinued the medicine. June 11th we gave him Bell., and Lach. 9, in alternation, once in six hours, without any apparent effect, though the aggravation from the Phosphorus gradually subsided. June 12th, gave Nux Vom. 6, and Lach. 9, and June 15th, as there seemed to be no improvement, and as there was some sensation of excoriation in the throat pit, we gave Rumex 6, once in four hours, and if there was no improvement in twenty-four hours, he was to take a solution of Bell. 6, in alternation with Mercurius 3, once in three hours. On the 17th, in the morning, he was no better, and a close inquiry showed that for the last four or five days he had been worse every other day, and there was some flush of the face about 11 o'clock, A.M. The pain and soreness of the right hypochondria had increased; the cough had in-

creased, so that at times he would cough with great violence, by the hour; there was an increase of the prostration and some nausea. R. Arsenicum 3, in solutions once in four hours, and Hyoscyamus 6, between, if the cough was very violent. About 3 or 4 P.M., of the 17th, he commenced to vomit, first food, and then a yellowish, bitter fluid, and continued to vomit at times, till 9 P.M., and had a similar attack come on the next afternoon. On the morning of the 19th, we gave him Sepia 15, in alternation with Drosera 6, once in six hours. After taking the Sepia, he felt a constriction of the chest, and some increase of the cough, and a similar increase after the Drosera; and so the aggravation went on after each dose, abating only a little for the half hour preceding the next dose, till, at 9 P.M., he stopped taking the medicine, thinking it would kill him if he kept on. The cough was now very violent through the night, abating only a little towards morning; it had a whistling, squeaking, sound, such as is sometimes met with in hooping-cough.

June 20th. This morning the pain and soreness of the right hypochondria left the hypochondria, and appeared in the right shoulder-joint. R. Sach. Lac., and some doses of Dros. 30, and Sep. 30, to take when the improvement seemed to stop, and if the Sepia and Drosera failed to relieve the cough, to take Oleum Jeco. 1, three grains at a dose. Towards night the cough came on again, worse, and as Sep. and Dros. did not seem to have any effect, he took the Oleum at 9 P.M. In an hour after he took the Oleum, the cough abated somewhat, and though he had many coughing spells, he rested better than he had for four or five nights, and on the morning of the 22d his mouth tasted better, and his pulse was 75 per minute. R. Oleum Jec. 2, a dose when the cough was troublesome. 25th. Much improved; pulse 64; cough much better; rests well; no night-sweats; appetite better; continue. June 30th. There had been a continued improvement of the cough since the 25th. Within two or three days there was a feeling of a load at the stomach after eating, some constipation of the bowels, and much dizziness when riding. R. Nux Vom. 18, a dose at night, when necessary for the stomach and bowels, Oleum 2, for the cough, once or twice a-day when the cough was troublesome.

July 6th. There seemed to be some increase of the cough, though he had gained in flesh, strength and appetite. Continue.

July 14th. There has been a good improvement till within two

days. Now seems to be suffering from the effect of a cold, contracted, as he thinks, from exposing himself to a current of air while perspiring. Fluent coryza, with cough, and tickling in the throat; cough most night and morning; expectoration frothy; some soreness at the pit of the stomach. R. Bryonia 12; Nux vom. 18, for the cold. Oleum jec. 2, when the cold seemed better.

Dec. 16th. He continued to improve from the last date till he was well enough to attend to his usual business as a carpenter. He has taken occasional doses of Oleum 2 for the cough, and of Nux vom. 6 for the stomach, and that is all the medicine he has taken.

Two years have elapsed since the above case occurred, and the patient has remained well since that time.

BIBLIOGRAPHY.

OUR enterprising townsmen, Messrs. Rademacher & Sheek, are making an effort to supply the professional and the public liberally with books on Homœopathy. In a short time, the inconvenience that has been experienced by the American public in procuring works in their own language will be removed, and we will have treatises on almost every subject connected with Homœopathic medicine. There was a time, in the early history of Homœopathy, when all its literature was locked up in the German language, and inaccessible excepting to the German student. But now, a work of any importance is scarcely issued from the press in Europe, but that it is translated, and for sale on the shelves of the booksellers in the United States. In addition to this, original works are appearing, ably written, and beautifully printed; this must be gratifying to every Homœopath. The only way to encourage this enterprising spirit, manifested by those who invest their capital, is for the profession to support them liberally; for whatever adds to the influence of Homœopathy as a system, indirectly benefits each practitioner; therefore we bespeak a patronage for these books commensurate with their merits.

THE HOMŒOPATHIC MATERIA MEDICA, arranged Systematically and Practically, by A. TESTE, Graduate of the University of Paris, and Member of the Société Gallicane of Homœopathic Medicine. Translated from the French, and edited by C. J. HEMPHILL, M.D. 8vo. Rademacher & Sheek.

This work is suited to the wants and uses of the profession. It is published in numbers, and will be complete in four numbers, three of which are now published,—the fourth is in press, and will be issued in a few days. We do not intend reviewing this work at present, as we will speak more of its merits in a subsequent number, when it will be completed. We, however, commend it to the attention of the profession, and believe it will be an acceptable book. The mechanical execution of the book is good and it is offered at a low price,—\$2 for a complete copy.

DISEASES OF FEMALES AND CHILDREN, AND THEIR HOMŒOPATHIC TREATMENT. By WALTER WILLIAMSON, M.D., Professor of Materia Medica and Therapeutics in the Homœopathic Medical College of Pennsylvania. 12mo. pp. 252. Rademacher & Sheek.

This book is intended chiefly for domestic purposes. A few years since, the author prepared for the press a small treatise on these diseases, the edition of which is now exhausted, and the demand for the book still existing, has induced him to issue the second edition much enlarged and improved.

The book is divested of technicalities, and will serve an important end in the hands of females in expectancy, and in families where the advice and services of a physician cannot be procured.

DYSENTERY AND ITS HOMŒOPATHIC TREATMENT, with a Repertory, &c. By FREDERIC HUMPHREY, M.D., Professor of Homœopathic Institutes, Pathology, and the Practice of Medicine, in the Homœopathic Medical College of Pennsylvania. 12mo. pp. 87. Rademacher and Sheek.

Few diseases are more generally prevalent than dysentery, and a monograph on this subject will, no doubt, be acceptable to the Homœopathic physician, and, we may add, will also be consulted by many Allopathic physicians. The inefficiency of the Allopathic system of treatment for epidemic dysentery is known to all physicians, both Homœopathic and Allopathic, and the mortality attending this disease, in many sections of the country, is startling. We have frequently been applied to by Allopathic physicians for a treatise specially on this subject; hereafter we will be enabled to place in their possession a book from which they can gain some *new ideas* concerning the treatment of this disease, which, in their hands, proves so intractable. The author has taken up and considered, in separate chapters,

the anatomical character, varieties, causes, treatment, &c., and affixed will be found a Repertory with reported cases of successful cures.

NOUVELLE HOMŒOPATHIE DOMESTIQUE, avec une Explication Introductoire du Principe Homœopathique et une description détaillée des Rémèdes, &c., &c. Par CHARLES J. HEMPEL, M.D. W. Radde.

This is a neat duodecimo volume of one hundred and forty-eight pages, and will be a valuable domestic treatise for the French population of the United States and the West India Islands. Such a book has been demanded, and we are pleased to have placed upon our table one from the pen of Dr. Hempel, whose previous residence in Paris, and familiarity with the language, has made him fully competent to compile and render the above book in an acceptable style.

HOMŒOPATHIC TREATMENT OF INDIGESTION, CONSTIPATION, AND HEMORRHOIDS. By WILLIAM MORGAN, Member of the Royal College of Surgeons, England. Edited with Notes and Annotations by A. E. SMALL, M.D., Professor of Physiology and Medical Jurisprudence in the Homœopathic Medical College of Pennsylvania. 12mo. pp. 166. Rademacher & Sheek.

The English edition of this book has been previously noticed in the Journal. The rapid sale of the English edition has induced the American publishers to reprint the book. The many additions by the American editor make it still more valuable as a treatise on diseases of the digestive organs.

THE PARENT'S GUIDE, containing the DISEASES OF INFANCY AND CHILDHOOD, and their Homœopathic Treatment, &c., &c. By J. LAURIE, M.D. Edited, with Additions, by WALTER WILLIAMSON, M.D., Professor of Materia Medica and Therapeutics in the Homœopathic Medical College of Pennsylvania. 12mo. pp. 458. Rademacher & Sheek.

The book treats of the *moral* and *physical* education of children, taking up the different branches seriatim, and enforcing their importance in detail. The latter part is occupied with a description of the diseases incident to children, and their Homœopathic treatment; and the appendix, which is furnished by the American editor, contains the diseases incident to the neonotus, and their treatment. The book should be in the possession of every parent who is anxious to ascertain the most favorable influences, both moral and physical, to be exerted in the rearing of children; in other words, the book is just what it professes to be, *The Parent's Guide*.

MEDICAL-NEWS.

NEW APPOINTMENT.

J. M. WARD, M.D., formerly of Albany, New York, and recently of Newark, New Jersey, has accepted the Professorship of Obstetrics and Diseases of Women and Children, in the Homœopathic Medical College, of Pennsylvania, vacated by the death of J. G. Loomis, M.D. We congratulate the profession and the friends of the College, on the happy selection of Dr. Ward, for this important post. There is no department of the science of medicine of more importance to the practitioner, especially the early beginner, than midwifery. And we predict our colleague will be fully able to do justice to his subject, and draw from his experience in the practice of his profession, such facts as will enable him to give an instructive and practical course of lectures.

THE AMERICAN PROVERS' UNION.

THE American Provers' Union, the formation of which we noticed in our last number, we understand is now in successful operation, and its members are sanguine as to the happy results which they anticipate. It is a somewhat singular coincidence that nearly at the same time a similar Society was formed in Germany. This fact shows that in that region, even, where Homœopathy has been longer established than in this country, and where so much has been done for our *Materia Medica*, they have felt the same want that we have here. The co-operation of the two Societies will, no doubt, tend much to the desired result.

The Society here numbers already some forty or more members, and new members are added at every meeting.

New members will be received at every meeting.

Two thousand five hundred dollars was realized from a fair held recently in Philadelphia, for the benefit of the Homœopathic Hospital of Pennsylvania.

THE FAMILY JOURNAL OF HOMŒOPATHY is the title of a journal published in St. Louis. Its pages "are devoted to Homœopathy, hygiene, and the laws of health;" it is published monthly, and furnished for \$1 a year. The present number (No. II.) contains several excellent articles, adapted to the lay reader. The intended sphere of usefulness of this

monthly is amongst the *people*, and doubtless much good can be accomplished by constantly presenting to the public mind, by well-written articles, and strongly-attested facts, the truth and superiority of Homœopathy over any other known mode of practice.

CHICAGO HOMŒOPATH is the title of a new bi-monthly published in Chicago, edited by Drs. Smith, Graves, and Ludlam. It is filled with well-written articles, and judging from the character of the editors, we have no doubt it will maintain the position assumed in the number already published. If physicians would only use their influence amongst their patrons, sufficient subscribers could be obtained to support handsomely all the Homœopathic Journals at present published, and we think it is their duty so to act.

ORIGINAL COW-POX MATTER.

We take pleasure in calling the attention of the profession to the supply of Cow-pox matter offered for sale by Messrs. Rademacher & Sheek; we can confidently recommend it. Many physicians have made use of it, and pronounce it the best virus they ever used. A limited number of tubes still remain unsold, and those physicians, who desire a genuine article, have now an opportunity to procure it.

OBITUARY.

DIED, in the City of Syracuse, N. Y., Oct. 25th, 1853, JOSEPH G. LOOMIS, M.D., Professor of Obstetrics and the Diseases of Women and Children in the Homœopathic Medical College of Pennsylvania. We announced the demise of this gentleman in the last issue of the Journal, and in the present number offer to our readers a history of his life and character. For two sessions, Dr. Loomis occupied, and filled in an able manner, an important post in the College. The value of his instruction can be testified to by the students who listened to his teachings, whilst amongst us in Philadelphia. He won the friendship of all who were associated with him, and at the time of his decease was gaining an enviable position, as a practitioner, amongst the number of Homœopathic physicians of Philadelphia. We annex a series of resolutions. One adopted by the Faculty of the College, and one by the students.

At a meeting of the Faculty of the Homœopathic Medical College of Pennsylvania, held Nov. 1, 1853, the following preamble and resolutions were adopted unanimously :—

Whereas, we have received the mournful intelligence of the decease of our late highly esteemed friend and colleague, Professor Jos. G. Loomis, who for more than two years had, in a very able and satisfactory manner, filled the chair of Obstetrics and Diseases of Women and Children in this institution; and whereas, his gentlemanly and upright course of life had endeared him to us, who were more particularly his associates, as well as to the class of highly respectable students he was accustomed to teach—Therefore, as a just tribute to his memory, be it

Resolved, That the usual exercises of College be suspended until the 3d instant, and that the amphitheatre of the College, in which the deceased was accustomed to lecture, be draped in mourning during the remainder of the session.

Resolved, That, in the death of our honorable colleague, we have lost an amiable and worthy associate, as well as a valuable co-laborer in the cause of medical science, and that society has lost one of its useful members, and the medical profession one of its brightest ornaments.

Resolved, That the Faculty sympathize with the bereaved widow in her affliction, and also with the large circle of friends who are called upon to mourn his loss; and that a letter of condolence be addressed to the widow, ardently hoping that she will be amply supported in this her hour of trial.

Resolved, That these resolutions be entered upon the records of the Faculty, and a copy sent to the widow and friends of the deceased.

Signed,

F. HUMPHREYS, *Secretary.*

JACOB BEAKLEY, *Chairman.*

At a meeting of the class of the Homœopathic Medical College of Pennsylvania, held Nov. 15th, 1853, the following preamble and resolutions were unanimously adopted :—

Whereas, we have received the mournful intelligence of the death of our late esteemed teacher of Obstetrics, Prof. Joseph Griswold Loomis, and whereas we had become endeared to him by his gentlemanly and upright course of life, and sincerely deplore the loss we have sustained, therefore,

Resolved, That in the death of Dr. Loomis we have lost a true friend, a gentleman of distinguished attainments in the science of medicine, an able teacher, a wise counsellor, and our school has been bereft of one of its pillars of support, the Faculty of one of their most useful, energetic,

and efficient co-laborers, the student of a devoted friend, and the medical profession of one of its brightest ornaments.

Resolved, That the class sympathize with the bereaved widow in her affliction, and also with the large circle of friends who mourn his loss.

Resolved, That a copy of these resolutions be presented to the widow of the deceased, and that they be published in the Philadelphia Journal of Homœopathy, Pennsylvania Inquirer, and Syracuse Evening Chronicle.

T. J. WEED, *Chairman*.

D. F. BISHOP, *Secretary*.

(From the Allgemeine Homœopathie Zeitung.)

DIED, on the 10th of October, at 9 o'clock in the morning, in the City of Leipsic, after a distressing illness of eight years, FRANZ HARTMANN, M.D., one of the editors and founders of this Gazette, to the success of which he devoted, for many years, his best energies, and most persevering care.

He was born at Delitsch, on the 18th of May, 1796, and was one of the few remaining personal disciples of Hahnemann. Both as a private practitioner, and as Director of the Homœopathic Hospital, and the private clinical practice attached to it, as well as by his popular writings, he effectually promoted the cause, and perfected the science of Homœopathy.

His family, to whom he was a careful provider, his numerous friends, and the healing art, lost much by his demise. Although by conviction and affection, a faithful adherent of Hahnemann, yet he steadily maintained an unbiassed judgment, and a perfect independence of all traditional authority; with unflinching zeal he advocated truth wherever he found it. Life did not always smile upon him; care and sickness clouded the evening of his days; but he bore his sufferings patiently, firmly, and even cheerfully; and, by faithful labor and industry, he sought to forget infirmities which no art was able to conquer. May his memory be cherished, and may he rest in peace!

PHILADELPHIA

JOURNAL OF HOMŒOPATHY.

VOL. II. — FEBRUARY, 1854. — No. XI.

ORIGINAL COMMUNICATIONS.

VITALITY.

BY A. E. SMALL, M.D.

PERHAPS there is no subject to which the attention can be more profitably directed, than to vitality; a subject of infinite interest to the physician. Vital forces differ materially from those that can be appreciated by the senses; such as are altogether chemical or mechanical. By vital forces are meant those that issue forth from the fountain of life;—those that move and give activity to the various functions in living forms;—those forces that are developed from the first germ. In approaching the subject in the most advantageous manner, we cannot avoid a reference to divine revelation, for from this infinite repository of truth we are able to bring forth the foundation of the doctrines and principles deduced from a survey of the living organism. There may have been a proneness in some minds to regard scientific truth in a measure separated from the truths of revelation, and while full credence has been given to the former, the brilliant light of the latter has been passed by unnoticed. But all truth is from the same origin, whether revealed to man amidst thunderings and lightnings, upon tables of stone, or in the handiwork of Him who formed man from the dust of the earth, and breathed into his nostrils the breath

of life. The word and works of God are the two great sources of revelation. In both are written the oracles of our being, and in both we find the evidence of there being one great self-subsisting source of life, from whence issues forth the streams that fill the receptive forms in the created universe. Every being and thing that teems with life, is a form receptive of its vitality from a higher world than this. Without attempting therefore to define the positive, and show what vitality is in the abstract, we may consider its phenomena in the forms receptive of its influence. In the animal kingdom we find the highest order of life presented, a life that freely controls the elements, a life that produces mechanism and contrivances far surpassing the boldest of human conceptions, a life that seizes the elements of the blood-globule, and so separates and distributes them that every texture of the body is supplied with the appropriate material for its structure. When we speak of the chemical and mechanical powers so palpably manifest in the human organism, we of course refer to those kept in perpetual subjection to the vital forces. The process of digestion viewed merely as it takes place, may be termed chemical. There are other striking examples of an analogous character, as for instance, the manner in which fatty substances are reduced into a state fit for absorption, and in which amylaceous or starchy substances are transformed into sugar, lactic acid, or even into fat itself; and again the absorption of these products, or their introduction into the living system, appears to take place in strict conformity with physical principles. The change the blood undergoes in the lungs, and the function of calorification, seem to be dependent upon chemical agency; and indeed the more we examine the changes that take place in the living economy throughout, the more striking will the chemical transformations appear; but after we have examined the subject to the utmost of our limits, we cannot fail of coming to the direct point that a vital agency has control over all these particulars.—The first germ of the embryo in the matrix is a striking exemplification of a vital process, that calls to its aid the most refined and exalted chemistry. The first impregnation of the female ovum, is by the seminal fluid secreted from the blood; and from this vital fluid, the blood, results every transformation that afterwards succeeds in the embryonic or foetal growth. From this fact then we may infer that the blood

contains all the elementary substances of animal organization, and the many intricate structures that are built up from what they severally derive from the blood, argues the presence of disposing vital forces. It is to the interesting result that the attention is particularly called. In the opinion of some distinguished physiologists, there is a certain kind of fluid of the highest purity, which enters into the red blood as its principal substance, and constitutes its vital essence; there are likewise intermingled with the blood in various proportions numerous salts, which contribute to make up its bulk. The blood in this compound state performs the function of life in the animal kingdom. The red blood is surrounded with serum, to which we are to ascribe all the components of which the blood is constituted and formed. With a view to the composition of the blood, there are conveyed to the serum through the medium of the chyle, and in water, as a vehicle, spirits, oil, and salts of every kind, also through the medium of the air and by help of the lungs, the nitrous and volatile substances that are fluent in the atmosphere, and finally through the purer air, substances still more volatile, with each of which unless the blood were replenished, it could not be prepared and renewed for the various uses in the animal system. The blood therefore is the storehouse, the parent and nourisher of all parts of the body, both solid and fluid, for nothing exists in the body that had not a prior existence in the blood, wherefore upon the nature, constitution, determination, continuity, and quantity of the blood, depend the fortunes and condition of animal life. To proceed from this primary view of the blood, so intimately related to the vital forces, we may trace out the most curious results. It is not my purpose to enter into a description of the process of circulation, nor into an analysis of the circulating fluid, as subjected to the chemist's crucible, but to present in a general way the chemistry or alchemy of animal nature. From the blood then the peculiar structure of the ovum of the female is produced, and from the blood is likewise elaborated the seminal fluid of the male; from the blood the first germ of the embryo has its support, and from this support its intricate structure commences. The peculiar formative force that disposes of the material, we shall consider the living soul or vital principle; we can recognise its existence as the mysterious cause that produces the most sublime effects. In the first stage of foetal formation, we

can only trace the rude outline of nervous and sanguineous centres, which by being vivified and nourished by the blood, begin to superinduce organs, and systems, and members. The vital force that contributes to the formation of these at the same time commences the transformation of the blood-globule into various textures. Whether an actual metamorphosis of the material takes place or not, is far beyond the limits of our means of determining; but if we admit the plausible assumption that the blood contains all the elementary principles of animal organization, we perceive a vital chemistry at work under the superior direction of the formative force, that analyses and distributes the elements to supply the demands of the various textures, those that require the saline portions and those that require the oil and aqueous elements; for if the blood be the storehouse and seminary of all that exists in the body, it is reasonable to infer that the disposing and formative force will so analyze and dispose of it, as to meet the demands of the various tissues; thus the texture of the muscle is derived from the elementary principles of the blood, and so on of the bones, viscera, cartilages, tendons, nerves, &c. In all this we perceive the mysterious workings of superintendent forces that no human knowledge can fathom, forces that cannot be recognised as material, or coming within the sphere of our chemical or mathematical researches. The vital alchemy of the organic laboratory leaves the efforts of the chemist and the more simple operations of inorganic nature, far behind, in its power of analysis, and in its creative aggregations and arrangements. What can be more mysterious or interesting to consider than that vital force which transforms into pure blood the elements of the atmosphere, and all the materials of the surrounding world? and again, what can be of greater interest than that peculiar force that seizes upon the blood after it is formed, and causes it to lay open its bosom to replenish the wants of the animal kingdom?

“From all the varieties of aliment that enter into the composition of the blood, of whatever chemical property, a power of analysis is brought to bear, with the utmost integrity, that produces chyme, chyle, blood, of very nearly the same chemical character, and whatever be the kind of food with which the stomach is supplied. The blood elaborated from it, regularly affords the appropriate supply of materials to every structure and substance of the body,

whether the particular substances obtained from an analysis of the several structures be found in the aliment or not. It is presumed however that they there exist, but in quantities so obscure and minute as to be considered absolutely inappreciable." No gelatine is ever found in the blood, yet this material is found to exist in the most extensive structure of the body, as its chief composition; in this we perceive the effects of a vital formative force that cannot be estimated upon the ordinary principle of estimating material forces. The quantity of carbon eliminated by the human body seems very greatly to exceed the quantity received into it, in any appreciable manner: this elementary substance unquestionably exists in the material that supports the blood, yet so inappreciable in degree that a superficial observer might doubt its existence, as he does the effect of infinitesimal doses, because he finds himself lost in the attempt to measure them by the ordinary rules of arithmetic.

According to the demands of the system, the ordinary current of blood supplies the various organs with their own proper nutriment, and its recurrent use regularly sustains the function of nutrition throughout, whatever may be the kind and quality of the food from which it is elaborated. The blood of man will always afford a considerable quantity of iron. Several other metals are also found, as well as other substances. We find it difficult to account for the existence of these substances in the blood, unless we admit their existence in the aliment, so minute as to escape observation, and which by the vital formative force become refined and aggregated so as to become appreciable. The use of these metals in the animal economy are so palpably marked and distinct, that it is probable life would become extinct without them; yet how exceeding minute the quantity! The economy is so rigidly exact that the abstraction of one of these metallic substances from the blood, might derange the vital forces of the whole organism; now, on the other hand, if an inappreciable quantity of either, in its most sublimated state, be introduced into the stream of the vital current, who can maintain that no effect is produced. In foetal life the blood is converted into organs, and members, and viscera; each of them by constant accumulation becomes thoroughly developed, and formed with reference to use. Antecedent to birth, the formative force appears to reside in the nourishment, but subsequently, when the aliment is derived from the world without, a preservative force

takes its place. Prior to birth the body is differently nourished than after. In the former state all the nourishment is received from the blood of the matrix, for the purpose of moulding the various organs, &c., for their future use. In the latter the nourishment is received for the preservation of the same, while their use is being discharged, and to repair the waste they sustain, &c., as well as to promote their more full development and growth. From what we have advanced concerning the blood, we may infer that it is the life of the animal kingdom in general, and of each class, each species, and each individual in particular. Such as the blood is, such is the life and character of the genera and species.

In the *genus homo*, the blood is such as to support all the functions of human life. The vital current, by either transmutation or analysis, nourishes the flesh, nourishes the bones, the tunics, the glands, the pulmonary vesicles, the teeth, the hair, the nails, &c. The same blood that yields the plethoric muscle, also yields the bulbous radix of the hair; the same that yields the most soft and pliable elastic membranes, also yields the most hard and brittle bones and teeth;—here is a chemistry that fairly outstrips the works of the laboratory as invented by man. Again, in some animals, from the same vital current that nourishes the flesh,—I mean that flesh which would be perfectly safe, and nutritious for human aliment—is secreted the most deadly poison. The flesh of the rattlesnake is eaten by many as a great luxury, and even the blood of this reptile may be received into the human subject, or put upon a fresh wound, with perfect safety. And yet from the same blood is secreted a poison, which if mingled with the blood of our system will, with almost irremediable certainty, prove speedily fatal. Here again is a striking illustration of the vital economy. The poison secreted by the reptile was primarily in the aliment, and in the blood; but in infinitesimal quantities.

We have in the canine race a still further illustration of the principle; for what can be more unaccountable than the change which hydrophobia produces upon the animal? It is said, that the canine system undergoes a specific derangement from the disease, and thereby secretes that awful poison, which if communicated to other animals, or even man, will shock the nervous system, and convulse the very being with madness, and ultimately death. Hence we perceive an inappreciable quantity of the poison exerting

upon the living system a deranging influence, the most fearful in its character, and the most awful in its results.

By the introduction of this foreign influence into the circulation, is all this disturbance brought about. This one influence serves as well as a thousand, to instruct us in the result of deranging influences, however trivial, upon the vital forces.

We need by no means confine ourselves to the consideration of the ordinary operations of the vital economy, to illustrate the power of the vital force;—it is by far greater distinctness seen in some of the abnormal conditions produced by irritations resulting from extraneous causes. Protracted irritations so modify and distract the ordinary vital economy, that the current of the force seems actually changed, and the blood, which in the healthy condition and action of the parts regularly supplies appropriate nourishment for the soft solids, is made to yield the substance for the structure of bone; or in other words, instead of that portion of the blood designed for the bone finding its true destination, through the modifying influence of disease, it deposits itself around the heart and arteries, and often proves fatal in its consequences.

Precisely similar phenomena attend other deranged conditions of the vital forces. The sting of a wasp so convulses the circulation by the small quantity of poison it communicates to the system, that chills and fevers often follow in rapid succession. Certain influences so modify the vital forces, although no appreciable quantity is imbibed into the system, as to produce violent attacks of disease; thus with many persons the touch of the *rhus toxicodendron* produces all the appearances of the *vesicular erysipelas*. Yet, no one will pretend to measure the extent of the disease by the amount of material imparted from the *rhus*, and imbibed into the system. Yet the *rhus* did produce the modification of the vital forces, that results in the disease. Again, the enterprising student of Anatomy, who may have carelessly or by accident wounded himself with his scalpel by the side of a corse, whose intricate anatomy he is endeavoring to ascertain by dissection, soon finds himself writhing in pain. The axillary gland begins to swell, and fever and delirium seizes the whole system. Here is an influence of the modification of vital forces; not by taking a large dose, but an inappreciable one. We cannot fail of recognising in these examples one grand principle contended for by our school,

viz.: that remedies are agents addressed to the vital forces, and that they are capable, if we do but administer them upon the right principle, of exerting a modifying and curative influence in quantities scarcely said to be material.

It is, however, a work impossible to accomplish, to examine specifically the "stupendous modes and processes whereby nature operates in the animal world, particularly the chemical processes of the different glands. It would be like sounding the depths of the ocean, or to comprehend by sight an immense and unlimited space, where the visual rays have no termination or resting-place, but fall and vanish at the outset. For wherever the mind penetrates it comes against closed doors, and if a chink be found it reveals the most ample halls within, but without discovering those secret recesses where nature is sitting at the fires in the depths of her laboratory." But we see the effects, and if from their use we are able to elicit some of her secrets, it is all we can accomplish.

In discoursing upon animal nature, or nature endowed with life, let it be understood that vital force predominates, whether it operates chemically or mechanically in its domain. This force is almost universally occupied in her peculiar chemistry or alchemy, "that is to say, in preparing series of menstrua, more and more universal, whereby to prolong the life of the body, and indeed to perpetuate it, since she also prepares a prolific humor, by which she transplants life from one being to another. All the glands are so many workshops; no two of them produces a lymph or humor of the same class, nature, or use. Consequently, by the examination of any one specific gland we can never discover the specific product of another. Therefore each has its own vital force, and performs its own use, and each will require a separate consideration. All the viscera, both of the abdomen and the thorax, as well as the infra-abdominal viscera, I mean the genital members, ay, and the very brain itself, are organs that operate the nicest chemistry; the motive fibre and the gland are almost their only ruling principles. Each viscus, as the liver, the pancreas, spleen, &c., is covered both with muscular and glandular membranes. All of these organs are sustained and nourished from the vital current of the blood, and therefore, in studying their peculiar forces, we may elicit some secret from each."

We stated that the blood is the complex of all the fluids in the

body; that the blood-globule contains the first elements, simples, and unities of all kinds of compounds, and these are so arranged in it that it admits of being readily resolved into each, and such being the hidden contents of the globules, "there is therefore no possible fluid, and no possible formation from fluids, either hard or soft, whereof the blood cannot furnish the principles, and which it cannot compound therefrom by means of the glands." Hence this infinite variety from a single source. Thus in this ultimate nature there is nothing more fertile, more perfect, or indeed more simple than the blood.

"During almost every round of the circulation, the genuine blood in the extreme capillaries is resolved into its constituent elements, that is, into its origins, and when the gyre is completed, it is recomposed, to flow with everlasting newness and freshness into the minute laboratories of the body; consequently the blood in its parts is subject to the same fortunes as the body in its compound: it is born, it dies, and it is born again; such is its circle of life. Every time then that it is decomposed, the veins claim a part of it, the glands engaged in preparing the various liquids claim another, the coporeal fibres another part, the cerebral fibres another, and the cerebrum another; the residue, which has done its office and become inert and intrinsically useless, or evolved and entangled in matters of the kind, is subjected and thrown out, by myriads of pores and foramina, whence perpetual hunger and thirst, perpetual want and restitution. While the blood runs through these changes, or lives, and every time the bond is dissolved, its genuine, noble and spirituous portion, instead of being spilt, evaporated, and lost, is carried away, by determinate channels, into certain chambers, receptacles, and cells, and taken up by the lymphatics, which, swollen with their multitudinous contents, hurry to the glands, and from one gland to another, or else directly from the first station of the kind to the receptaculum, at either the beginning or the end of the thoracic duct. Thus this refined portion is received from the viscera, and brought back to enrich the blood which is sent to the brain, and thence into the nerves and fibres, and again to the arteries and veins, thus progressing and renewing itself over and over again."

The blood may be vitiated, and communicate the same to the whole system; certain noxious stimulants may be taken into the stomach, that seemingly enter the circulation unchanged. An ine-

briate, several years since, indulged very freely, it is said, in the use of whiskey during an abstinence from food of one or two days, at the expiration of which time, blood taken from a vein of the arm burned with a blue flame, proving beyond a doubt, that the blood may be warmed up by infernal fire, as well as by that heat generated by ordinary calorification. Enough I trust has been presented to impart some idea of the vital forces,—forces that exist in and for the various organs of the animal body. As the whole economy is endowed with vitality, so each system is immediately endowed, and so on, with each function and each organ, even to the minutæ of their composition. When the animal body is in health, the vital forces of all the organs are so perfectly balanced that no other sensation occurs than that of unity; everything moves on in proper order and subordination;—whatever interrupts this unity, or in any way impairs the vitality of any of the organs, is disease;—whenever any interruption of the conjoined vital forces occurs, a struggle to regain the wonted condition produces pain. That these forces are susceptible of being impressed and modified by influences, under ordinary circumstances inappreciable, is at once apparent, from the fact that certain diseases are communicated from one to another, not only by contact, but through the medium of the atmosphere that surrounds them; epidemic and endemic diseases, that proceed from a malaria that impregnates the air, is a sufficient guarantee of the truth of this doctrine. It is because animals live, that they are susceptible of being thus impressed. We cannot admit, then, of any other conclusion respecting disease, than of its being of immaterial origin. We have seen with what minuteness and exactness the operations of the living animal body is carried on. The most exalted handiworks of man can produce no resemblance to these operations. What appears the most trivial cause, in sensual light, produces the most mysterious and marked results, under the influence of the vital forces. The enemies of infinitesimal doses may rail at their insufficiency when they adopt a rule of measurement that must find its limits in the confines of the inorganic world, for if they go beyond and consult the economy of the living kingdoms of nature, they must lay aside their measuring apparatus, their mathematical tables and weights, and leave the law of gravitation behind. The peculiarity of vital forces bids defiance to all these things. If disease be the result of

lethal influences, that cannot be made in any way sensible except by their influences upon living beings, we must look for remedial means of corresponding subtlety. We are to study the laws of life and their modifications and changes by experience and observation; when we have learned the normal conditions of the forces, we must arrive at some conclusion respecting the abnormal by the relative effects known to be generated by poisons upon the healthy system; when it is found by observation and experience that existing disease resembles the pathogenesis of a drug, the only inference left is, that the drug and the disease have a direct relationship. There is a law of treating diseases, and that law has direct relation to the vital forces, and in studying the minute physiology of the living system, we shall be struck with the brilliant exemplification in every part; even the processes and powers of the vital forces in the vegetable kingdom cannot fail of being instructive when duly considered. The development of a plant from its seed, and its upward growth, presuppose its immaterial support; water yields it the requisite nourishment, and the superior chemistry of vegetable life can so analyze its particles as to find material for elaborating its own structure; from the same water is produced the trunk, the branches, the leaves, the flowers, and the fruit. Some plants subsist upon the light, and possess the power of analyzing its subtle particles, so as to elaborate their own structures. Whence have they the power of converting light, of itself tasteless, inodorous, into flowers the most fragrant, and fruit sweet to the taste? The poppy, the nightshade, the peach, the aloes, and gramine seeds, may all be planted together in a bed of sea-sand, and if watered by refreshing showers of rain they will severally spring up, and grow to maturity; one will produce a deadly narcotic form, one will rear its head and surround itself with the miniature sphere of the *bohon upas*, another will produce the most delicious fruit, and secrete in its kernel the deadly prussic acid, another will produce the intensely bitter aloes, and another will clothe itself with a coating of pure silex. What power is this that seizes upon the distilled water that descends from the clouds, and that converts it so variously into these conflicting properties? It is a vital power, above the region of mere physical causes, and one that engages our attention. We presume that outward influences, operating upon these several vital forces, scarcely appreciable, produces most of these mysterious results. Our most

salutary lessons are to be drawn from these peculiarities of living nature.

Not less remarkable, as I have shown, are the operations carried on in the animal economy, which is but a superior region of life. Although animals cannot subsist upon the products of the mineral kingdom alone, yet certain it is they cannot live without them. Bread is said to be the staff of life, yet man cannot live by bread alone. Without refreshing draughts from the pure crystal streams, and inhalations from the surrounding atmosphere, all animated nature would perish; yet the amount of either of these elements consumed in the animal system without being thrown off, is never to be determined. There is no determinate method of inflicting measurement upon any of these operations: they are vital properties, and vital processes. Now, whatever influence operates upon vital forces, in accordance with the general law of their existence, is far from being material; even the aliment, before it is adjoined to the pure sanguineous nutriment, is far from being weighed down by any material incumbrance. It is fully divested of its primeval form, and by numerous triturations, extractings, seethings, &c., the quintessence is obtained in almost an ethereal state, that may be reckoned among the *highest potencies*. A dose of calomel or hydrochlorate of mercury, when administered according to ancient orthodoxy, leaves none of the material in the system after its operation, but the essential virtue of the same operates upon the vital forces; if 20 grains be administered, the same amount may be obtained from the feculent discharge. It would puzzle the sticklers for large doses, to account for this fact, on any other grounds than the following: that the calomel had a dynamic medicinal force, corresponding to the vital, in animals, instead of the material one usually claimed. Not only does this phenomena attend the use of this drug, but others. Ipecacuanha, given in large doses, produces emesis; the first effort to disgorge the contents of the stomach deprives it of the material, while the virtue is left behind; even the hydrogogue cathartics, by their deranging influence, not only force the evacuation of the bowels but operate upon the vital forces of the whole organism. When such materials, so repugnant to nature, are taken into the stomach, the vital forces are taxed to expel them from the system, and even after the material has been expelled, the whole organism labors under the modifying influence

of their specific virtues. It is the same with nearly every drug; we therefore, in view of the vital forces, perceive the injury that may result from the use of these materials. Emetics are very rarely if *ever* necessary; we may with some propriety say *never*, unless to rid the stomach of some poisonous material, in which case they are the least of two evils. The vital force is taxed and severely prostrated by their use under ordinary circumstances; Similar remarks may be offered concerning cathartics; they tax the ordinary vital power, and should never be used, except in cases of absolute mechanical obstruction, from hardened feculent matter, in which event, mechanical means become necessary to remove mechanical obstructions; but under ordinary diseased conditions of the system, nothing of the kind is necessary inasmuch, as disease appears to be the result of derangement of the vital forces. Cathartics administered to relieve constipation remove the effect only, and this but temporarily, leaving untouched that condition of the vital forces from whence the whole difficulty springs, save only perhaps a still further depression of them, that will cause a return of the constipation, in a more aggravated form. Let us for an instance suppose two cases of constipation of the bowels, precisely alike in their character, presenting themselves for the consideration of two physicians, one from each of the respective schools. Let the case be marked by the following symptoms.

Obstinate constipation seemingly dependent on deficient expulsive power of the large intestine, or inactivity of the rectum, attended with congestion of the head, or hyperæmia of the cranium, headache, and flushed face, *nausea*, empty, sour or bitter eructations, and tenderness of the abdomen to the touch.

The Homœopathic physician in viewing this case would recognise a derangement of the vital forces. He would find less than necessary in the large intestine, and more in and about the cranium. He would reason, that if he could administer a remedy that would so act upon the vital forces as to restore equilibrium; the various functions and powers would again operate in harmony, and the constipation with all its attendant symptoms would cease. On this account he selects his remedy according to the *similia similibus* principle; to the satisfaction of his patient a single dose of Bry. operates a speedy cure, without pain, or other observable effect.

The Allopathic physician, on the contrary, takes the similar case,

and seizes upon the effect without taking into consideration the condition of the vital forces, and decides at once upon giving a *cathartic*. For he reasons thus,—the bowels are closed up, and they ought to be opened, and nothing will answer the purpose but a cathartic. Relief is obtained temporarily, and then the disease returns, the cathartic is repeated—the same follows again, and again. The patient becomes more and more prostrated, notwithstanding he has kept on alternately with tonics and cathartics the whole time. Such is the contrast between the two methods of treating the disease, and the consequent result. In the former instance the physician founded his reasoning upon his belief in the vital forces, and the latter, upon merely mechanical or chemical considerations. A member of the Allopathic faculty once remarked, that he had been trying to cure a case of constipation for three months; that he had given almost every kind of pill and electuary named in the *Pharmacopœia*, and still the constipation would return. His consent was obtained to administer a few powders of *Lycopodium*, a remedy which homœopathically would cover the symptoms of the case, and a few weeks afterwards he admitted that his patient had quite recovered, *but that it was nature that cured her*; “*for the powders,*” said he, “*had no effect whatever*”; they neither vomited nor purged, and therefore had no effect whatever; for, to ascribe a cure in his estimation, as the effects of a remedy without witnessing any violent effects, would be a calumny upon the profession. But we have not so learned in our school. We think it possible to produce ultimate good without the necessity of so much evil. We see no reason for prostrating all the energies of the system, because a single function happens to be impaired. There is never any more vitality in the living economy as a whole, than is necessary; providing each organ has its proper share and performs its function with regard to due order and subordination. Disease may disturb the equilibrium, and some functions may become too active, at the expense of the others; and if the vital principle exists in the blood, which goes its rounds to all the organs of the body, to abstract it from the veins, would certainly interrupt the current, and proportionably lessen the activities of the vital forces in general. To abstract blood from the arteries, with the vain hope of depriving the system of disease, is but the index that points to death, for such bleeding will extinguish the vital spark:

so say the butchers—and so say the doctors. No one will deny but that the blood is essential to life, and if the abstraction of the whole produces complete death, we would infer, upon mathematical grounds, that if half were abstracted the individual would be half dead.

It should be our pleasure, and our duty, therefore, to contemplate the human form as a complex unit, a miniature universe, in which all the forces of living nature are so happily blended and combined as to act in harmony. It is our duty to promote the strength and beauty of this harmony, to preserve the equilibrium of the vital forces, without destroying them,—to restore the same when disturbed, and in pursuing this course, we shall refuse to shock the stomach with tartar emetic or prussic acid—to wage war with the natural preserving forces of the intestinal canal, by prostrating hydrogogue cathartics. We shall seek to preserve the skin from those monsters of human invention known as moxas and blisters. We shall throw setons, issues, diaphoretics, and sialagogues to the dogs, and utterly refuse to pollute the altar of *Æsculapius*, by continual offerings, none other than the sacrifices of human life and blood.

INCIDENTAL PROVINGS.

OIL PENNYROYAL.

BY C. E. TOOTHAKER, M.D.

ON Monday, April 26th, Mrs. —, a married woman, living with her husband, finding herself affected with suppression, which, as she represents, she supposed to result from a cold, was induced to take a large quantity of *Ol. Pennyroyal*, or *Ol. Hedeoma Pulegioides*. She took in a single dose, a small teaspoonful of the oil of the shops, in a small quantity, about a tablespoonful, of warm water; and as this did not produce the effect she desired, four days after she took another dose, about a like quantity, in a similar manner. The suffering became so great that I was called to attend her on the following Sunday. I found her suffering great pain and misery, and as I knew not that she had taken any drugs or

other medicines, I proceeded to prescribe for her according to the symptoms then existing, which were nearly as follows:—

Excessive bearing-down pains, with pressure outward towards the vulva from the whole lower abdomen, accompanied with almost unendurable pains in the back; drawing down from the upper sacral spine, extending also to the epigastrium and stomach. These pains had all the characteristics of true labor pains, returning, if she remained at rest, with regular periodicity, but greatly aggravated by the least movement. She lay on the floor upon a small mattress, from which she could not be removed (so great was the aggravation from every motion) until the following day.

In addition to the above symptoms, there were severe pressive pains in the head, with dull, heavy feelings; pains and coldness in the limbs, particularly in the feet; semi-paralysis, a sort of inability to move or turn herself; nausea, a rising-up sensation from the stomach, producing occasional retching to vomit; frequent, but periodical dyspnoea and oppression of thorax; difficulty of breathing at times very great; nervous weakness and depression; jerking, not apparently muscular, but nervous twitchings in every fibre of the body, sensible in the pulse, or whenever my fingers touched the flesh, and felt by her through the entire system.

The least food or drink taken into the stomach greatly increased the pains in the abdomen, and the nausea; abdomen sore to the touch, or very sensitive to pressure. She, with some difficulty, informed me that she was laboring under suppression, to which she attributed her sufferings. Regarding it as a case of threatened abortion, to which I knew she was constitutionally liable, I prescribed at first *Chamomilla*, and afterwards *Nux Vomica*. The symptoms were soon modified by the administration of these remedies. The pains became less unendurable when she remained perfectly quiet, and I left her, after about six hours, to get what rest she might be able till morning. During the evening I was informed by her husband that she had taken the *Ol. Pennyroyal*, to which I at once attributed a large portion of the sufferings above described.

Next day, Monday, found my patient still suffering severely, though much less than the day before. I continued the administration of such remedies as *Nux Vomica*, *Cham.*, *Hyos.*, and *Stram.*, with very gradual alleviation.

At 12 o'clock, patient still suffering ; those bearing-down pains, though less severe, still continue ; cannot yet be moved ; abdomen still sore ; there has been suppression of urine, with great pain in passing water for the last twenty-four hours ; there is still coldness of the feet, and of the extremities, particularly to the touch, nervous twitchings continue. As these symptoms appeared to have relation to Camphora, and thinking it might prove an antidote to the *Ol. Hedeoma*, I prescribed Camphora tinctura, a drop in ten spoonfuls of water, a spoonful every half hour for three hours, to be followed by Cantharis 6th, a powder every four hours. In one hour after the administration of the Camphora, was able to remove her to her bed ; next morning found her up and at her work, ironing, not well, considerable fever, but, as she said, free from pain except immediately after eating or drinking, the least food or drink producing immediately bearing-down pains and other sufferings. I continued the use of the medicines above enumerated during the week. On Saturday, there were still remaining the following symptoms : considerable nervous twitchings, sense of weakness, sense of weight in the lower abdomen, without pain, except from motion or from eating, which might still produce slight pains ; burning sensations in the abdomen, which was still sensitive to pressure ; urine scanty and painful ; tongue covered with a white coat ; constipation continued. As these symptoms appeared to call for *Nux Vom.*, it was given, or rather continued from yesterday, with one or two powders of Cantharis ; *Nux* 3, a powder every 4 hours ; *Canth.* 10, two powders. After her symptoms had been so alleviated that she could converse easily, I obtained from her the following detail of her case :—

On Monday she was induced by some person to take as a remedy for suppression of the menses, a large dose of Oil of Pennyroyal, not *Ol. Menthæ Pulegii*, but *Ol. Hedeoma*. She took a small teaspoonful of the oil in a tablespoonful of warm water. Had great difficulty in swallowing it, followed immediately by nervous weakness, with slight nausea and retching.

After about an hour, bearing-down sensations in the lower abdomen, with outward pressure in the genital organs, and sense of weakness in the limbs. None of these symptoms were very severe, though well marked.

Tuesday and Wednesday.—Periodical returns of all above symptoms, but each day with diminished force.

Thursday.—Took another teaspoonful of the same oil as before. In swallowing it, it nearly took her breath; affected all the nerves; nearly took the use of her limbs, followed by excessive retching, nausea, and straining to vomit; after this, great sense of weakness and prostration.

About an hour afterwards, bearing-down pains, with pressing outward in the utero-vaginal region, accompanied by a feeling of weakness in the limbs, so that she could scarcely stand. These pains continued severe for about an hour, when they gradually subsided. Occasional return of the same symptoms till the next day, but with diminished force.

Friday.—Uterine symptoms nearly as yesterday.

Saturday.—Same symptoms much more severe; bearing-down pains greatly increased, with nervous weakness; dull heavy feeling in the head in the morning, not continued during the day; also weak, faint feelings, going off when lying down, but could not sit up; everything turned black; excessive nausea, and disposition to vomit; pains periodical, like labor pains, much worse than yesterday.

Sunday.—Same symptoms, but still more severely aggravated; great nausea, with straining and retching; also nervous twitchings in all parts of the body; at about six o'clock, semi-paralysis of the limbs; could not stand, nor move, nor endure the pain of movement, or of being moved; general soreness; intolerable bearing-down pains like labor pains, which had continued through the day, recur now every few minutes, and extend to the stomach and back: these pains are periodical if perfectly at rest, but recur at every movement of the chest or lower limbs: pain in the back is especially seated in the sacral spine, near the upper vertebra, dragging down from that point to the uterus; excessive pains in the back and in the head; obstinate constipation; coldness of the feet and extremities; shortness of breath, as if an asthmatic attack, a sense as of something rising up in the throat, or, as she expresses it, as if her breast were coming up into her mouth.

Up to this period she had taken no medicines calculated to modify the symptoms. Her health had previously been good as usual, but the symptoms had now become alarming, and I was

called to visit her. I arrived at the house at about half past eight o'clock in the evening. The symptoms, as they then appeared, with the treatment for the ensuing week, I have already given.

The remaining history of the case I shall detail as it occurred each day.

Sunday.—Much improved; nervous twitchings have for the present wholly disappeared; constipation, which had continued ten or twelve days without any evacuation, relieved by a free and easy passage; sense of weakness much diminished; almost every way better than yesterday; much better. It is now ten days since the last dose of the Hedeoma was taken, and seven since I was called to attend her, and there still remains the sense of weight in the uterine region, with pressure outward; pains increased greatly by movement; nausea and pains after eating, with a drawing sensation from the upper sacral spine to the uterus; other symptoms have yielded to medicine. Prescribed Ver. 6th, four powders, to be followed, if farther relief be not obtained in twelve hours, by Ars. 6th, a powder every three hours.

Monday.—The first powder of Ver. almost entirely relieved the nausea complained of yesterday; the bearing-down pains and the aggravation from eating subsided during the night, leaving only a sense of weakness, with bearing-down pains on ascending or descending, as in going up or down stairs: passing water is still painful; passes very little, with frequent and urgent desire; never affected in this way before: cutting, burning pains, with tenesmus of the sphincter urinarius; pain at the upper sacral spine continues constant, but much mitigated, and only extends to the uterus when going up and down stairs; cutting pain felt only when she draws a breath, but constant, that is, at every breath not periodical, like labor pains.

Leucorrhœa, both itching and burning, commenced yesterday.

N.B.—A sort of neuralgic pain in the left side of head, with which she had been affected for a month or two, remains unaffected by the whole course of treatment, as yet.

Now, Monday, standing any length of time feels her knees give way; weakness in the knees, especially in the joints.

Wednesday.—The pains in the stomach and lower abdomen and back have been continually subsiding, though they are still troublesome, especially on going up and down stairs, also after eating or

drinking ; warm food or drinks affect her much more than cold ones ; pains scarcely felt at all when sitting or standing ; pain in the head through the forenoon, to-day, subsided in the afternoon ; nose bled to-day, which she never had before ; first bleeding of any kind since taking the oil ; leucorrhœa still yellow, itching and burning less, but parts still sore from the discharge ; pains in the head have been of a shooting, darting character, such as she is not accustomed to have ; if she stands long, still finds the knee-joints stiff and weak, with swelling of the calf of the leg ; passing water still painful, infrequent, with frequent urging desire ; shooting cutting pains, with sense of weight as if something were dragging down ; urine very dark, like black tea. This has been a constant symptom since the first dose of the oil, aggravated after the second dose. Cannot stand up and work long at a time, on account of painful weakness of the limbs, and dragging pain or weight in the genitals ; very thirsty ; bad taste in the mouth ; food insipid ; prescribed Hyos. 6th, three powders each day, four days, and did not see her again till the following Tuesday.

Tuesday.—Still better ; been improving every day ; now does not suffer at all if at rest ; has been at her regular employment, washing and ironing, for nearly two weeks ; still all exertion excites those bearing-down pains from the sacrum to the uterus and vagina, but much less than last week ; at times even now severe ; washing with wash-board excites them most ; has no other pains ; leucorrhœa still continues excoriating, itching, and burning ; never subject to leucorrhœa of any kind before ; not near so bad as last week ; tongue still slightly furred, pale white coat ; no more bleeding ; weakness of the joints nearly well ; constant beating in the abdomen near the ovaries, felt most when lying down ; soreness, excessive sensitiveness to pressure over both ovaries ; soreness and beating only felt since a heavy washing on wash-board last week ; abdomen frequently swollen, tense or tympanitic at the hypogastrium ; much flatulence ; pains in passing water and dark color of the urine nearly gone ; only one or two passages from the bowels a week, but free and without pain. R. Ars. 6th, Nux 6th, two powders each day, alternate days.

She had now so nearly recovered, that my visits were discontinued.

June 1st.—I called again and found all the effects of the Penny-

royal had ceased, except a sore pain in left temporal ridge like as of a cut or wound, of which she had not until now made complaint, but which she represents as having been constantly troubling her since taking the medicine. Costiveness; has painful evacuations every four or five days, and if she stands a long time, or walks a distance, still has pressing bearing-down pains, from the whole lower abdomen, with sense of weight and pressure outward, leucorrhœa, mild, and small in quantity. All the other symptoms having entirely subsided.

Attributing the symptoms in the above case to the action of the Pennyroyal, we have made the following recapitulation, following the usual order, as the pathogenesis of Oil of Pennyroyal. If made the foundation of any future provings, it is to be borne in mind that the oil, not the tincture of the plant, was used in this case, and that they were obtained from poisonous, not from medicinal doses of the drug, such as have generally been used by provers of Homœopathic remedies. Also that the plant from which this oil was obtained, is the *Hedeoma Pulegioides* (American Pennyroyal), not the *Menthæ Pulegium*, described by European botanists.

If these facts are borne in mind, I think the following symptoms may be strictly relied on as pathogenetic.

General symptoms.—Pain with soreness; paralytic pains; nervous twitchings; pains and sufferings aggravated by movement, or by eating or drinking. Periodical pains, like labor pains. Weakness, especially of the joints. General nervous prostration; obliged to lie down; could not sit up. Everything turns black. Frequent perspirations. Nausea with disposition to vomit.

Fever.—Flashes of heat, slightly accelerated pulse, frequent sweats.

Head.—Pains in the head, a dull heavy feeling; excessive pains in the head; shooting darting pains in the head; sore pain in the left temporal region, near the temporal ridge, like the soreness following a cut or wound.

Eyes.—Loss of vision, everything turns black.

Mouth.—Dryness of the mouth; bad taste in the mouth; tongue covered with a very thin white coat. Everything tastes insipid.

Stomach.—Nausea; heavings or retchings. Straining to vomit. Drawing-down pains from the stomach to the uterus and back. Everything taken into the stomach causes pain, soreness, and sen-

sitiveness in the region of the stomach; food, offensive. Flatulence and belching of wind from the stomach. Sense as of something rising up from the stomach, or as if the stomach would come up into the mouth.

Abdomen.—Bearing-down pains in the lower abdomen, extending from the epigastrium and back. Periodical pain. Drawing down, especially from the upper sacral spine. Soreness and sensitiveness to pressure in the abdomen. Distension of the abdomen. Borborygmus. Flatulence. Obstinate constipation. No passage for nearly two weeks.

Urinary Organs.—Suppression of urine. Tenesmus. Painful urination. Scanty urination, with frequent and urgent desire. Cutting, burning pains in the urethra, or at the sphincter urinaris. Sense of weight when passing water. Urine very dark, like black tea.

Genital Organs.—Excessive bearing-down pains, with pressure outward from the whole lower abdomen to the utero-vaginal region. Drawing down from the upper sacral spine to the uterus, also from the epigastrium; these pains periodical like true labor pains, and almost unendurable, greatly aggravated by movement, and attended by sense of weakness or paralysis in the limbs. Leucorrhœa, itching and burning. Discharge yellow, excoriating.

Throat.—Choking sensations, as if something rising up into the throat.

Chest, Thorax.—Frequent and periodical dyspnœa and oppression of the thorax. Difficulty of breathing. Respiration irregular, labored, asthmatic. Shortness of breath. Sense of rising up, as if the stomach and the whole of the contents of the thoracic cavity would press its way to the mouth.

Back and Loins.—Excessive pain in the back. Pains in the sacrum, especially at upper sacral vertebra, with pressing downwards towards the uterus.

Extremities.—Paralytic weakness in all the limbs. Stiffness and weakness of the joints, with soreness. Stiffness and weakness felt most in the knees and elbows. Soreness of all the parts of the body. Swelling of the calves of the legs. Weakness in the knees, especially in the joints. Pains; laming, aching, rheumatic pains in the limbs. Stiffness of the knees. If she sits down can hardly get up. Numbness of the feet; no feeling in them.

The effects produced in this case may be divided into two classes.

First, those which were transient or easily removed ; second, those which were persistent. *

The more transient symptoms were nausea, retchings, prostration, nervous twitchings, periodical pains, paralytic symptoms, coldness of the extremities, shortness of breath, sensation of rising up in the chest, asthmatic symptoms, loss of vision.

The more persistent were pains excited by movement, especially in the uterine region. Sensation of weight in the uterus ; outward pressure. Pains excited by eating. Drawing sensations from the upper sacral spine to the uterus. Painful urination ; urine like black tea. Scanty urination, with frequent urgent desire. Cutting burning pains when urinating, with tenesmus. Aggravation of pains by warm food and drink, much more than by cold ones. Leucorrhœa, yellow, itching and burning, with excoriations of the parts. Shooting, darting pains in the head, stiffness of the joints, with painful weakness of the limbs, especially of the knees. Flatulence. Borborygmus. Loss of appetite. Obstinate constipation.

The action of this remedy appears to me to be directed to the mucous surfaces, and to the muscular tissue, and is probably reflected upon the nerves of motion and sensation. The tendency of the medicine to affect chiefly the mucous surfaces, was manifested by nausea and retching ; its action on the nervous system by the sense of depression and prostration ; and on the muscular, by excessive and long-continued uterine contractions. These tendencies have been continued through the whole course of the treatment. The effects upon the mucous surface and the muscular tissues are, certainly, strikingly manifest ; which of them most so, it is difficult to determine. The nervous symptoms are much less persistent ; at least if we attribute the pains in the head and other parts to the reflex action of the congested mucous surfaces upon the sentient sphere. It will be noticed that although all the symptoms of this case were obtained from poisonous doses, yet a large portion of them were of very long continuance, from sixty to ninety days, a circumstance which, considering the severity of the sufferings, gives to each group additional value.

Judging from this single case, we should infer that Oil of Pennyroyal would be found useful in clonic spasms, in uterine affections characterized by a sense of weight, drawing and pressure (in tenesmus it might be of doubtful utility, unless arising from a vitiated condition

of the secretions or from inflammation or irritation of the mucous surfaces); in some forms of acute gastritis; in leucorrhœa with yellowish discharge and with itchings, burnings, and excoriations; in urinary affections; in flatulence and constipation.

It is to be remarked that its virtues as an emmenagogue, if indeed it possess any such virtue, were not at all manifest in this case. It is probable that its reputation for restoring the menstrual discharge has arisen from its influence over uterine and vaginal catarrh. If it has ever produced abortion it must have been in some weak, cachectic individual, who could not endure the uterine contractions it no doubt has a tendency to create.

It may also be worth our while to remark how perfectly ignorant are old school physicians of the action of a remedy which they have been using for hundreds of years.

ON THE HOMŒOPATHIC TREATMENT OF RHEUMATIC ARTHRITIS.

(A CLINICAL LECTURE DELIVERED AT THE HAHNEMANN HOSPITAL.)

BY DR. A. HENRIQUES.

CONFORMABLY to the course of clinical study I have adopted, and which I announced to you a fortnight ago, when I had the pleasure of addressing you, it will be the object of my lecture to-night, gentlemen, to discuss the Homœopathic treatment of rheumatic arthritis. Although this disease does not often terminate fatally, it is nevertheless worthy of our consideration; because it is a very common and most painful affection, and it frequently resists every means we can devise to combat it. It originates spontaneously from a great variety of constitutional, topographical, atmospherical, or other meteorological causes, the precise conditions of which, it is not possible to estimate in the actual state of medical science. It is an established fact, however, that some persons are more subject to this affection than others, that it is more common in certain localities, and that particular hydrometric and electro-magnetic states of the atmosphere are more favorable to its

development. But whence, how, and why is it so? Science is mute on these most important points. But if, unhappily, we are ignorant of the etiology of rheumatism, we are, on the other hand, sufficiently conversant with its pathological anatomy, which is, in my conception, far more useful and important to Homœopathy, because it enables us to apply our remedies with greater certainty and precision. It is constantly asserted by certain critics, as well as partisans, that Homœopathy has nothing in common with the anatomico-pathological school. This opinion I believe to be quite erroneous, and as it is, I am certain, very prejudicial to the scientific development of Homœopathic therapeutics, I feel it my duty to offer, as introductory to the cases whose history and treatment I am about to relate, a few brief remarks respecting the relations and advantages of pathological anatomy to Homœopathy.

Hahnemann states, in the 18th proposition of the *Organon*, as follows: "From this indubitable truth, that, besides the collective symptoms, nothing can be discovered, in any way, in diseases, wherewith they could express their need of aid—it undeniably follows, that the *sum of all* the symptoms in each individual case of disease, must be the *sole indication*, the sole guide to direct us in the choice of a remedy."

It is evident, gentlemen, that the expression, "sum of all the symptoms," which occurs in the foregoing paragraph, must include pathological anatomy; for, by the term symptoms, must be understood every abnormal effect or change that occurs in the living organism, and which are appreciable either by the physician or the patient. Now all the signs which diseases are capable of producing, may be divided into three classes, viz.—the physical, organic, and vital symptoms: the first relate to the external configuration, the second to the intimate structure, and the third to the essential properties of the component organs of the economy.

Thus physical symptoms comprise all changes relative to dimensions, situation, size, form, and direction, and are such as result from wounds, fractures, dislocations, hernias, and all other mechanical obstacles to the healthy play of the functions of the economy.

Organic symptoms are all manifest changes of the organic elements which compose a diseased organ, and relate to alterations of color, volume, texture, consistence, and proportion between the solids and fluids of the organized tissues.

And lastly, vital symptoms consist of all abnormal expressions of the properties which distinguish inorganic from living matter, and the functions which characterize life. Hence, then, if it be true as I have stated, that the domain of semeiology comprehends three real, distinct, and essential classes of phenomena, how is it possible to exclude one or other of them without injurious consequences to the proper investigation of diseases? Without them, how can we obtain a complete picture of disease? And we may now well ask, upon what grounds is it assumed that the illustrious founder of Homœopathy meant the exclusion of pathological anatomy, when he distinctly states, "that the sum of all the symptoms, in each individual case of disease, *must be* the sole indication, the sole guide to direct us in the choice of a remedy?"

One of the distinguishing characteristics between the old and new practice of medicine is, that the former attaches more importance to the organic signs, whilst the latter considers the vital symptoms as the principal indications in the treatment of diseases. But it is evident, from what I have previously stated, that neither school can consistently adopt one exclusive class of symptoms as its guide in practice. Any given disease may present one class of phenomena; but every medical system whatever must necessarily embrace the three classes previously enumerated. It results, therefore, from the preceding remarks, that pathological anatomy is a necessary component to the natural history of diseases, since its object is the knowledge of the visible alterations that the abnormal state produces in the organs of the body. In order, however, that it should be practically useful, it is indispensable to observe the vital symptoms or alterations of the functions which coincide with each kind of organic changes, for vital phenomena are only the results or the interpreters of the varying morbid conditions of the organic tissues and their properties.

In fact, Bichat has demonstrated by analysis of our organs and their elements:

1. That the materials of which the organism is composed may be divided into certain elementary tissues.
2. That each has peculiar vital properties.
3. That however combined or united in the construction of organs, all preserve everywhere the peculiar vital properties appertaining to each, and with which they are essentially endowed.

4. That they differ from one another in structure, form, mode of existence, and reactionary power.

In one word, gentlemen, according to my humble conception, the whole science of physiology and that of medicine, may be said to be based upon the doctrine of tissues and their vital properties, such as the immortal Bichat has so beautifully expounded in his admirable works on anatomy.

Studied in this manner, pathological anatomy is destined to become, in the scientific development of the Homœopathic school, the basis of nosology, the surest guide of diagnosis, an indispensable means of prognosis, the groundwork of a therapeutic classification, and in a great many cases, it will furnish the safest data to enlighten us in the choice of a remedy.

Having now concluded the few but important preliminary remarks I had to make, I shall proceed with the cases I have selected for this night's lecture.

CASE I.

Rebecca Meek, 22 years of age, weaver, unmarried, of a spare habit, bilious temperament, dark complexion, black hair and eyes, was admitted on the 14th February into A ward, for acute arthritis. She states that for the last eleven years she has had several attacks of rheumatic fever; was seized six days ago with fever, shiverings and pains all over the body, and for which as yet she has had no medical advice.

On examination, the symptoms present were, acute drawing pains in all the joints, aggravated by movement, and by the slightest touch, particularly in the articulations of the left hand, which were red, hot and swollen; considerable febrile excitement with shiverings; skin hot and dry; pulse hard and quick; nausea; thirst, and great restlessness; urine scanty and reddish.

Bryonia 1-3, 1-4th, every 4 hours. Quarter-diet.

15th.—Pains less; much better altogether; catamenia came on last night. Continue medicine and diet.

16th.—General pains much diminished; left hand is still very much swollen, there is not, however, so much heat and redness, and it is moist; tongue slightly coated yellowish; bowels have acted, and she has slept well. Give *Saccharum lactis*, and discontinue medicine. Continue quarter-diet.

17th.—Is improving, all the pains considerably abated; complains of pains in the fingers only of the left hand, which are still swollen. *Saccharum lactis*. Quarter-diet.

21st.—From the 17th to this day she continued improving; the swelling of the left hand has entirely subsided; complained only of slight jerking pains in the right hip-joint; dryness in the mouth, and want of appetite.

Nux vom. 5-12, 1-4th, night and morning. Continue quarter-diet.

24th.—Is better in every respect, except that *the right hand* has become swollen and tender; the left continues well.

Sulph. 5-12, 1-4th, night and morning. Quarter-diet.

27th.—Metastasis has again taken place; the pain and swelling have left the right hand and returned to the left; no pains elsewhere; her countenance is pale; feels weak; appetite is good, and sleeps tolerably well; bowels regular.

China 1-3, 1-8th, 4 hours.

March 2d.—Improving. Continue *China* and diet.

6th.—All traces of the disease having disappeared, she was discharged cured. To be made an out-patient in order to combat the rheumatic diathesis.

Remarks.—There is nothing, gentlemen, in the history of the case before us that is either novel or remarkable. It is simply an ordinary attack of acute rheumatic arthritis; no difficulty, therefore, could arise with respect to its diagnosis. As long as this affection remains in the articulations, its prognosis is favorable; for, although it may be prolonged, yet its cure by resolution in most instances is certain. Such, however, is not the case when the affection shows a disposition to wander about from organ to organ, as in the present instance. You will remember that the disease first attacked the entire articular system, it then fixed itself in the left hand and wrist, went to the right hip-joint, shifted to the right hand, returned again to the left, and finally disappeared in eighteen days. This displacement of the disease from one part of the economy to another is called *metastasis*; it is one of the most singular and inexplicable phenomena of disease; it is very common in rheumatic arthritis, and when it does occur, it behoves us to be extremely cautious in our prognosis; for you may sud-

denly lose a patient by the instantaneous transmission of the disease from the knee-joint to the internal organs. Endocarditis and pericarditis are not unfrequently sequences of arthritis.

With respect to the treatment of this case, which many of you must have watched during its progress, I was directed in my selection of remedies by the following circumstances :

1. The general febrile condition.
2. The local inflammatory state of the joints.
3. The migratory disposition of the disease ; and
4. The long-standing rheumatic dyscrasia.

Bryonia was first employed, which appeared to me most appropriate to the two most urgent indications, viz.—the general febrile condition, and the redness, heat, and swelling of the left hand. This remedy, gentlemen, appears to possess, in an eminent degree, a direct action on the sero-fibrous tissues wherever situated—hence its valuable effects in meningitis, peritonitis, pleuritis, pleurodynia, and arthritis : for the organs affected in all these diseases are very similar in structure and functions to the tissues which cover the extremities of bones.

If you consult your *Materia Medica*, you will also find that the symptoms, both general and local, corresponded perfectly to the pathogenesis of Bryonia—hence it was Homœopathic ; and this produced the good effects we so soon observed after its administration. In three days, under the use of this remedy, all febrile and local inflammatory action subsided.

There remained on the 21st, some slight jerking pains in the right hip-joint, for which I ordered *Nux vomica*. I was induced to prescribe this remedy, not only because it corresponded to the gastric symptoms which were present, but because it was suitable to the bilious temperament, sickly and yellowish aspect, and sedentary habits of the patient. You are aware, gentlemen, that the want of proper exercise in the open air and long confinement in a sitting posture predispose individuals thus situated to visceral congestion, particularly in the hepatic system. *Nux vomica* will be found a valuable remedy in all affections resulting from these causes. This patient was a weaver, consequently much confined, and she had all the appearance of hepatic congestion, I therefore prescribed *Nux vomica*.

On the 24th, Sulphur was given in order to change the constitution, and destroy the rheumatic condition of her economy.

On the 27th, the Sulphur was discontinued, and China was ordered, which she continued taking till she was discharged on the 6th March. I know no remedy more useful than China to combat the rheumatic diathesis. Its specificity is peculiarly adapted to cases such as the one under consideration; where the disease has been of long standing, the constitution is impaired, there is great general debility, yellow color of the skin, and swelling of the joints, with painful sensibility to the touch, *increased at night*. Whilst upon the subject of China, gentlemen, I could not allow to pass unnoticed the fact, that the pesoic allopathic use of this remedy, was considered even long ago by authors of the *soi-disant* legitimate school, to be a cause of rheumatism; and thus they pay a tribute of homage to the truth of the Homœopathic principle and law.

Grimaud says, that the Quinia given to cure gastric fevers often produces rheumatism.

Torti, in his treatise on pernicious fevers, states that rheumatism is often a consequence of Quinquina, given to cure intermittent fevers.

Stoll has seen very obstinate rheumatic affections caused by Quinquina, given as febrifuge.

Sydenham made the same observation, and designated the pathogenesis of Quinquina, scorbutic rheumatism.

Pajot, Laforet, Sime, and Tourtelle, also bear witness to this very significant fact. It is worthy of remark also, that it has been extolled by a great many of the old school, as a valuable remedy against rheumatic affections. Hence, gentlemen, according to the very testimony of our opponents, the action of China furnishes both the proof and counter-proof of the Homœopathic doctrine and practice.

CASE II.

Sarah Franklin, 31 years of age, married, has had three children, catamenia regular, spare habit of body, dark complexion, and bilious temperament, was admitted into the hospital on 23d January. She states that she sells vegetables about the streets, and is consequently exposed to all sorts of weather; occasionally she takes gin and water, but habitually drinks porter; that she

has been laboring under articular rheumatism for seven years. About five months ago that she had an attack in the right knee and elbow-joint, which has continued to increase till she now finds herself unable to move about ; has had no fever. Her actual condition presents the following phenomena :—

There is extreme sensibility of all the joints ; but the right knee is very *much swollen*, it is red, hot, hard, and is intensely painful ; the pains are of an acute drawing character, and are aggravated by movement ; perfect inability to bend this articulation ; all the fingers of the right hand are also swollen.

Ordered Arnica lotion to the knee-joint, and 5-12, 1-6th, every 4 hours. Quarter-diet.

24th.—Inflammation of the joint has disappeared ; swelling and pain have diminished ; stiffness of the joint on motion ; hand is better.

Discontinue lotion. Continue medicine and diet.

26th.—Feeling of stiffness and contraction in the popliteal space much diminished ; better in every other respect.

Rhus 5-12, 1-6th 4 hours.

27th.—Better. Continue the medicine and diet.

29th.—Discharged cured. To be made an out-patient in order to remove the disposition to these attacks.

Remarks.—This patient, gentlemen, in six days, was cured of the arthritic affection with which she had been suffering incessantly for five months. Such a prompt and happy result was obtained by Arnica and Rhus.

The principal seat of this affection was on the right knee-joint, which was very much swollen, red, hot, and intensely painful. It was on account of these phenomena that I was led to employ Arnica : you will remark that it was used externally also in the form of lotion, the remedy being indicated Homœopathically. I see no objection to its external use under the circumstances mentioned in this case, on the contrary, I believe it accelerates very much the cure ; it likewise gives great relief to the local symptoms. When the remedy is *truly* Homœopathic to the given case, there is no fear of metastasis from such outward applications ; for whether you introduce a medicine into the economy by the tongue, the stomach, the skin, or the anus, it will always produce its specific effects, both in the

normal and abnormal conditions. Therefore, when you have a case to treat of general rheumatism with acute local inflammation of the joints, you will do well, and will often hasten the cure to administer the Homœopathic remedy internally and locally, provided, however, there be no contraindication in any given case.

Rhus, when indicated by the totality of the symptoms, is often found useful in arthritic affections, particularly after the use of *Arnica*. It exercises a specific action on the ligamentous tissues, as a reference to its pathogenesis fully testifies. There was in this case tumefaction of the right knee-joint, with considerable stiffness and contraction in the popliteal space, after the inflammatory action had subsided; I therefore considered this remedy indicated. It is very analogous in the seat and mode of its action to *Bryonia*, but this latter remedy is more adapted to cases where there is active local inflammation, and symptoms of general vascular disturbance: as these indications did not exist, *Rhus* was preferable.

Although relieved of all the pressing symptoms for which she entered the hospital, and she was able to move about with perfect ease, this patient could not be said to have been cured of her arthritic affection; to be radically cured, she would require several months' attendance; she was therefore recommended to become an out-patient. Appropriate hygienic instructions were given her, so as to avoid the injurious action of cold and damp, to which the nature of her occupation exposed her. She was directed to wear gutta percha soles to her shoes, and flannel next her skin—without these hygienic preventions, I consider that Sarah Franklin would never be cured.

CASE III.

Sarah Sims, 18 years old, needlewoman, healthy appearance, fine skin, light hair, blue eyes, and nervous temperament. States that she was admitted into the Middlesex Hospital four years ago for St. Vitus's dance, and whilst under treatment there, she got, for the first time, a severe attack of rheumatism in all the joints, but more particularly in those of the hands and feet, which she attributes to the use of cold shower-baths, that were daily administered to her in the hospital. She got rid of the St. Vitus's dance, but ever since she has been suffering more or less with pain and swelling in the wrist, hands, knees, and feet alternately.

Admitted by me into the Hahnemann Hospital on December 29, Sarah Sims presented the following phenomena :—

Pain in the back and loins when seated ; jerking, tearing, and drawing pains in the joints of the shoulders, particularly the right one, also in the wrists and fingers ; red, stinging, erysipelatous blush of the wrists and fingers, which were very much tumefied, excessively tender to the touch, and unable to bear the slightest motion ; there were erratic cramp-like pains, more or less intense, and diffused throughout all the joints of the inferior extremities ; tongue loaded with a yellowish coating ; loss of appetite ; constant agitation by day ; sleeplessness at night ; skin rather dry, without, however, any febrile action ; pulse normal.

Ordered Ant. tart. 5-12, 1-8th, 2 hours. Quarter-diet.

31st.—Better ; wrist-joints less painful and swollen, but complains much of pain in the right shoulder-joint.

Sulphur 1-3, 1-4th, every 4 hours. Quarter-diet.

Jan. 1st.—Improving ; pain in the shoulder has disappeared. Continue medicine and diet.

4th.—With the exception of a few occasional erratic pains between the shoulders, the patient is quite well.

Sulphur 3-12, 1-4th, one night and morning.

6th.—Quite cured of the acute attack for which she entered. To be made an out-patient for the purpose of undergoing a prophylactic treatment.

Remarks.—This case of arthritis was complicated with a gastro-hepatic affection, as the loaded state of the tongue, the loss of appetite, and the dryness of skin indicated ; I therefore administered Tartar emetic, whose therapeutic action in certain gastric derangements, and in articular rheumatism, is amply attested by a host of authors belonging both to the old and new schools—its efficiency was remarkable, prompt, and decisive, for the patient continued to improve under its influence without any relapse, and in ten days was discharged quite cured.

It was subsequently thought advisable to administer Sulphur, in order to restore the functions of the skin, whose morbid sensibility to atmospherical influences appeared to be the essential pathological condition of this affection. In this opinion, I am borne out by the fact, that the disposition of this patient to arthritis origi-

nated from the use of cold shower-baths. It is universally admitted that one of the most frequent causes of rheumatic arthritis, is the sudden and prolonged immersion of a part or the whole of the body in cold water; more particularly where a delicate constitution of the skin renders it more susceptible, or where the skin is heated, or it is in a state of increased transpiration. We can have no difficulty in conceiving how cold water, thus applied, alters the functions of the skin, and produces rheumatism, as in the case of this patient. This case furnishes you also with an admirable example of the Allopathic mode of cure; that is, the curing of the natural by a remedial disease. The chorea was certainly cured by the shower-baths, but it produced rheumatic arthritis, thus substituting one disease for another. This is what is usually called rational and legitimate medicine. If this be so, I will leave every one to judge for himself. Homœopathy may and does often fail to cure, for there will ever be incurable diseases in the world; but this much is certain, that no Homœopathist will ever have to writhe under the stings of a reproachful conscience for having created disease by his remedies.

CASE IV.

Ellen Shaw, 25 years of age, servant of all work, robust-looking, florid complexion, light hair and eyes, and of a sanguineous temperament, was admitted on Thursday, January 8th, into E ward. She states that she was seized suddenly on Saturday last with acute and deep-seated pain in the right knee-joint, and on the following day it was so swollen and painful, that she was unable to put the leg to the ground. She bought some soap liniment, with which she rubbed the joint twice, since which it has become worse—unable to move about. She was recommended to come into the hospital.

On examination the right knee-joint was found very much swollen, red, hot, and shining; at the external and internal surfaces were observed two black-looking spots, as large as half-a-crown each, resembling ecchymosis; great sensibility to the touch, with a feeling of contraction and drawing pains, in the popliteal space especially: the patella was very much elevated, as if floating in liquid, and when pressed gave a *distinct crepitating* feel like fracture; she declares that she has never had any blow or fall, nor

can she account for it, but on inquiry says, that she has been kneeling a great deal lately on the stones. Has never had rheumatism; skin was hot and dry, pulse rather accelerated and full; foul tongue; loss of appetite, and has not slept an hour since two o'clock on Saturday morning. As soon as she entered the hospital the catamenia came on—it was the proper period.

Antim. tart. 1-3, 1-12th, one every 4 hours. Quarter-diet.

9th.—Much better; swelling and tension less; slept well; ecchymosis and crepitation the same.

Arnica lotion. Arnica 5-12, 1-6th, every 4 hours. Same diet.

10th.—Much improved; ecchymosis not so dark; crepitation is still perceptible. Continue lotion; medicine, and diet.

11th.—Improving. Continue medicine and diet.

12th.—Much better. Continue medicine and diet.

16th.—Quite well; no pain, swelling, nor crepitation; is able to walk with perfect ease. Discharged cured.

Remarks.—This case differs from the preceding in the primary seat of the affection. In the former cases it was the fibrous tissue that was chiefly affected, in the present it was the synovial membrane. The signs by which we arrived at this conclusion were,

1st.—The deep-seated character of the pain.

The pains of arthritis affecting the fibrous tissue, are superficial, and of a sharp, jerking, tearing, or drawing character. In this case the patient described the pain she experienced as coming from the interior of the articulation, it was in fact deep-seated. This character alone is often sufficient to distinguish fibrous from synovial arthritis.

2. The crepitation.

3. The œdematous feel of the swollen joint. And

4. The undulating state of the patella.

M. Recamier has indicated a fifth sign which was also present in this case, but has been omitted in the records of its history; it is, that if you stretch the limb downwards, there is little or no increase of pain; but if you push it upwards so as to rub the extremities of the articulations, the pain is very much increased.

I do not believe that this patient was affected with pure rheumatic arthritis. It appeared to have been originally severe phlegmonous erysipelas, arising from the mechanical pressure of kneeling,

which subsequently extended itself into the knee-joint; for there was no rheumatic diathesis, and the affection was confined entirely to the one joint; this, together with the high degree of inflammatory action, and deep phlegmonous character of the redness, and ecchymosis—so uncommon in rheumatic affections; all tended to confirm my opinion. Had she been of a scrofulous diathesis, I have no doubt that this affection would have terminated in white swelling.

It is difficult to account for the crepitation. It was so marked that the assistant-surgeon and myself were in much doubt when she entered, whether there was not really fracture of the patella—it gradually disappeared as the inflammation subsided.

CASE V.

Harriet Dyke, aged 21, a strong, healthy-looking girl, of sanguineous temperament, and born of healthy parents, was admitted on 1st December. States that she has been suffering for the last five years with pain in the right hip and knee-joints after walking any distance; has had constant pricking pains in the left knee-joint for the last two months, which, she thinks, have been brought on by scrubbing a great deal on her knees. She has never had any serious illness.

On examination, the right leg was somewhat longer than the left; she complained of sharp *pricking* and *shooting* pains in the left knee, and in both femoral joints, extending into the iliac and sacral regions; pains increased by motion; there was slight tumefaction around the knee-joint; but there was neither heat nor redness; the digestive and circulatory functions were normal.

Ordered Belladonna 1-3, 1-4th, every 4 hours. Quarter-diet.

4th.—Has taken Belladonna till this day, with great benefit; pain and tumefaction of the knee are quite well; has still a little uneasiness in the hip-joint, with drawing pains in the vertebral column, extending from first dorsal vertebra to the coccyx. Saccharum lactis. Same diet.

5th.—Pain in the back, loins, and knee-joint quite gone; on pressing upwards and rotating the affected hip-joint, there was still some degree of abnormal sensibility. Saccharum lactis. Same diet.

6th.—Has some erratic muscular pains in all parts of the body ; constipation ; pain in the hip-joint is better.

Bryonia 3-12, 1-6th every 4 hours. Same diet.

23d.—From 6th to this day, except some trifling muscular pains, this patient continued well ; bowels had become more regular under the use of Bryonia ; had last night two watery evacuations preceded by spasmodic pains in the abdomen ; tenesmus.

Tr. Sulphur 1-3, 1-6 every 4 hours. Low diet.

24th.—Better. Saccharum lactis. Continue diet.

31st.—Bowels are again disordered ; had three very loose watery evacuations yesterday, and two this day, accompanied with griping and pinching pains in the abdomen.

Harriet Dyke was a vegetarian. When she first entered, it was thought fit to put her on low diet, consisting of cocoa, milk, and bread ; in proportion as she recovered the quantity of bread and milk was increased ; but, desirous of testing the effects of animal food on her, she was ordered about the 20th, three days before the first attack of diarrhœa, the hospital half-diet, composed of beef soup and meat, of which she partook till her bowels were deranged ; it was then suspended, and when she got well, it was resumed, and was again discontinued this day.

Ordered Tr. Pulsatilla 1-3, 1-4th, every four hours. Arrow-root, and toast-water.

Jan. 1st.—Better ; no diarrhœa ; had an evacuation of hard fœces this morning ; no abdominal pains.

Continue Pulsatilla. Same diet, that is, arrow-root, with the addition of some bread.

4th.—Quite well till to-day, when she had in the morning two loose, dark-looking, but painless evacuations. As there were no indications for interference, I ordered,

No medicine. Continue same diet.

6th.—Improving ; no articular pains ; bowels comfortable ; daily normal evacuations. Return to half-diet.

16th.—From 6th till this day, Harriet Dyke continued improving without any further gastric or abdominal disturbances. Discharged this day, perfectly well.

Remarks.—This case is interesting, gentlemen, only on account of the difficulty we experienced at first in establishing its diagnosis.

The symptoms present indicated either sciatica, rheumatic arthritis, or white swelling. Considering,

1. The length of time that this patient had been affected with articular pains;

2. The erratic character of the pains;

3. Her sanguineous temperament and healthy appearance;

4. The absence of osseous tumefaction;

5. She was born of healthy parents;

6. She had no appearance of scrofula;

7. There was no constitutional disturbance;

8. That the swelling of the knee-joint was confined to the external soft parts;

We were led to conclude that this was a case of chronic rheumatic arthritis.

There are a few general points of interest connected with the rheumatic arthritis diathesis, to which I desire to call your attention before we conclude.

The first is that it is an affection *sui generis*, innate, acquired, or hereditary. It is a familiar fact, that one of the essential conditions of this disease is a special state of the economy, which, for the want of some definite idea on the subject, and as a cloak for our ignorance, has been termed predisposition. According to some physicians of the old school, the predisposition is so powerful that it can spontaneously produce arthritic rheumatism without the aid of any occasional cause, whilst, say they, the most energetic determining causes will not produce the disease on persons who are not so predisposed. That there is a something, *sui generis*, necessary to the production of arthritis, no one with the most trifling degree of experience will deny; but what is the nature of this special cause, no one can determine; we have not the necessary data for forming an opinion—hence, gentlemen, let us be humble always when we speak of medical science or rational medicine. This fact, however, is important in a practical point of view; it teaches us not to conclude that we have cured the disease, because we happen to have relieved the sufferings of an acute attack of rheumatic arthritis. Experience teaches that, left to its natural course, one attack will sooner or later be followed by another, this by a third, and so on increasing in intensity with age, and becoming more and more frequent, till at length the deplorable aggrava-

tion of the rheumatic diathesis closes the scene of life with pleurisy, pneumonia, endocarditis or pericarditis. The old school has nothing but a palliative treatment to oppose to this affection, which it not unfrequently aggravates by complicating it with the abuse of remedial agents empirically administered. Homœopathy has no specific for this unknown cause of rheumatism, but by appropriate antipsorics judiciously selected, and by proper hygienic means, it will in very many cases, succeed in totally eradicating from the organism this formidable diathesis. Hence, gentlemen, after you have cured an acute attack of rheumatism, always explain to your patient the character of the affection, and advise him to submit to a course of antipsorics; if he does not follow your counsel (for it is often difficult to get people to submit to a treatment when they are not suffering), at any rate you will have the satisfaction of having performed your duty as his medical adviser.

2d. Notwithstanding the opinion of the celebrated Chomel and others, gout is not identical with rheumatism. I believe that they are perfectly distinct in origin, cause, nature, march, termination, and treatment. The fundamental difference between these affections consists in the fact, that the gout is essentially an affection of the functions of nutrition, and consequently has its primary seat in the digestive organs—the accompanying articular affection is purely consecutive—whilst rheumatic arthritis is essentially an affection of the functions of motion; consequently it has its seat in the muscular and articular organs. The functions of nutrition are seldom deranged in rheumatism; their treatment, both remedial and hygienic, are therefore totally different.

3d. The long-continued and injudicious use of a variety of remedial agents, such as China, Copaiba, the Ergot of rye, Mercury and other metallic substances, is frequently a cause of muscular and arthritic rheumatism. It is, therefore, necessary to inquire particularly whether any of these agents have been used previously; and should you be convinced that any of these remedial agents are causes or complications of the disease, you must of course resort to their proper antidotes.

4th. Syphilitic and gonorrhœal affections are not unfrequent causes of the disease of which we are treating. Either by a sort of metastasis common to this affection, or in consequence of a revulsion caused by the heroic treatment of the legitimate school, the

morbific action of syphilis and gonorrhœa may be transmitted to the ligamentous tissues of the articulations, and so produce acute or chronic arthritis. The history of such cases will always furnish you with sufficient data to enable you to recognise these special cases. For the cure of syphilitic and gonorrhœal arthritis, Mercury is the most appropriate remedy; but should it be contraindicated or fail to produce the desired effect, Nitric acid, Sarsaparilla, Mezereum, Clematis erecta, Thuja, Lycopodium, and Sulphur, will be found beneficial.

Should the affection be, however, complicated with the abuse of mercurial preparations, previously given in allopathic doses, Belladonna, China, Guaiac, Carbo vegetabilis, Hepar sulph., Lachesis, and Phosphoric acid, are the principal agents indicated in the treatment.

5th. Arthritis is occasionally one of the manifold injurious consequences of excessive bloodletting: large, sanguineous depletions disturb the cutaneous functions.

6th. In the acute or first stage of rheumatism, from whatever cause it may arise, and wherever situated, the remedies most generally indicated are, Aconite, Arnica, Belladonna, Bryonia, Chamomilla, Dulcamara, and Mercurius; these remedies either act directly through the vascular tissues, or indirectly through the medium of the nervous system on the circulation, and thus modify the local inflammatory action of the parts affected.

But should the local inflammation persist after the general disturbance of the circulatory system has been subdued, our indications then in the choice of a remedy must be drawn from the particular tissue which happens to be the predominant seat of the disease: hence, if the affection be seated especially in the muscular system, I think you will find the most suitable remedies to be either Causticum, Colocynth, Rhus, Lycopodium, or Pulsatilla.

Causticum is useful in chronic arthritis, when there is a general rigidity, stiffness or contraction in the muscular system.

Colocynth, when the coxo-femoral articulation is the principal seat of the affection.

Rhus, when there is redness and swelling of the joints, with tearing and burning pains in the muscular system.

Lycopodium, when there is painful rigidity of the muscles, with a sensation of numbness in the joints.

Pulsatilla, when there is a constant metastasis from joint to joint, or from the articulations to the muscles.

When the fibrous system is principally affected, the chief remedies are, *Conium*, *Staphisagria*, *Hepar sulph.*, *Silicea*, *Phosphorus*, and *Ruta*. And whenever the synovial system is the principal seat of the disease, the chief remedies are, *Ant. tart.* *Nux vomica*, and *Sulphur*.

7th. In my remarks on some of the preceding cases, I have alluded to a prophylactic treatment, that ought to be adopted when patients have recovered from acute rheumatism; for it is seldom that the disease does not leave a predisposition in the economy to relapses under the most trifling exciting causes. Hence, if homœopathy could do no more than remove the acute attack, its treatment, like that of the allopathic, would be but palliative—such, however, is not the case. The prophylactic means necessary to be adopted for preventing and eradicating the rheumatic diathesis, are hygienic and remedial.

1. The hygienic rules to be observed, consist in living in a house exposed to the south, and built on a dry or gravel soil, to avoid all sudden transitions of temperature, and to change the clothes as quickly as possible when wet with rain, or moist from profuse perspiration. 2. Smoking has been considered by many, particularly Colombin, in his *Hygiène Militaire*, as an excellent preservative against the injurious effects of humidity. This opinion is also entertained throughout South America—how far this is true I will not pretend to decide. I should not recommend its use as a general rule; but if a patient has been accustomed to smoke, I would not certainly prohibit him the use of tobacco in rheumatic affections.

3. Independently of being warmly clad, patients affected with rheumatism should wear constantly, by day and by night, flannel waistcoats next the skin. It appears that Hahnemann was not favorable to the use of flannel; for in his work on *Chronic Diseases* he states as follows:—"If the patient has been for a long time accustomed to wear flannel next to the skin, you must not abruptly discontinue its use; but in proportion as he improves in health, and the season becomes warmer, he must change the flannel for cotton, which he will continue to wear until he can accustom himself to linen."

With due respect to Hahnemann, I regret that I am compelled

to dissent from this opinion. I consider the use of flannel the most important article of dress for every person, in whatsoever climate, and to some constitutions absolutely necessary. It regulates the temperature of the body, it prevents sudden evaporation of the cutaneous secretion in warm climates, or when overheated, it promotes and preserves the functions of the skin in cold climates, it protects the most important regions of the body from getting wet,—in fact, it forms a healthy and clean artificial skin, which diminishes much our susceptibility to disease. I believe that the decrease of mortality, and improvement in the health of the people of England, are attributable in a great measure to the more extended use of this highly important article of clothing, which, from its reduction in price, enables a greater number of the poor to procure this comfort and necessity of life. Next to cheap bread, the people should call out for cheap flannel.

4. Besides the use of flannel, you must always recommend your patients, particularly the poor who attend our hospitals and dispensaries, and who are so exposed to rain, to wear gutta percha soles to their shoes.

5. With respect to the dietary, nourishing food should be allowed, but all those medicinal substances, such as spices, liquors, and coffee, &c., should be strictly prohibited. It has been asserted by some old authors, that too much animal food predisposes to rheumatism; it is on this account, say they, that the English, who are essentially carnivorous, suffer more than other continental nations from rheumatic affections. Whether this opinion be correct or not I am not prepared to say, but the case of Harriet Dyke proves that even vegetarians may be affected with rheumatism.

6. Moderate walking, exercise in the open air, and kinesipathic motions, such as are practised by Professor Georgii and Dr. Roth, according to the system of Ling, will be found very useful auxiliaries in eradicating the disposition to rheumatism.

7. The remedial means which will be found useful as prophylactics, according to my experience, are, *Nux vomica*, *Calc. carb.*, and *Sulphur*.

Conclusion.—Although Homœopathy possesses no learned doctrines to offer in explanation of the remote and proximate causes of rheumatic arthritis, nevertheless, rejecting the shadows upon

which the old school has founded its numerous hypothesis, and taking its stand upon the firm ground of reality, it finds in the knowledge of the symptoms and particular tissues affected, a sure guide to alleviate the sufferings of humanity, and to shorten the duration of diseases—the truth of which I have endeavored to demonstrate to you in the foregoing cases. Now, in conclusion, whatever abstract views we may entertain as to its merits or demerits as a method of cure, certain it is, that Homœopathy cures rheumatic affections, both acute and chronic, without leeching, bleeding, cupping, and the application of blisters, sinapisms, or moxas. If, then, science and humanity have gained nothing else but the abolition of such tortures, Homœopathy would still merit the gratitude of mankind in general, and be entitled to the respectful consideration of all who profess to practise the healing art.

—*British Journal of Homœopathy.*

A LETTER ADDRESSED TO HIS EXCELLENCY THE MINISTER OF WAR, LOUIS VON LUDER;

REFERRING TO THE INTERDICTION OF HOMŒOPATHIC PRACTICE IN
THE HOSPITALS OF BAVARIA.

BY DR. BUCHNER, OF MUNICH.

(Translated from the Journal de Société Gallicane, by Dr. W. GEIB.)

YOUR EXCELLENCY:—A science which possesses schools and practitioners in every country, whose principles have been taught for a long period at Paris, as well as at Munich, at Vienna, and Rio Janeiro, London, and Philadelphia, the science designated by the name of the medical doctrine of Homœopathy, has acquired an historical importance, which does not allow it any longer to be treated with indifference. The duty of propagating this important discovery, imposed on every homœopathic practitioner, has led us to appeal to the justice and philanthropy of your Excellency.

It is now about ten years since one of my friends and colleagues, Dr. Grieslich, an army physician, addressed the Minister, M. d'Abée, with the same object, when (Oct. 25, 1842) the homœopathic treatment had been interdicted in all the public institutions

of Bavaria. Later, however, an edict dated Oct. 5, 1848, in consideration of the extended adoption of this method, and its favorable clinical results in other countries, removed this injunction, and permitted, under the direction of the Superior Royal Council of Health, the use of this new treatment in the hospitals, dispensaries, and prisons, for those who desired to be so treated. Russia and Austria (where several of your illustrious companions in arms, among them the Field-Marshal Radetzki, have expressed their gratitude for the blessings of the new school), and Hanover, and the Duchies of Hesse and Baden, &c., sought the services of homœopathic physicians, while the High Medical Council, in which no partisan of this school has a voice, proclaimed its utility and while in all parts of the world hospitals and colleges were being founded, and those already in existence were flourishing, a new edict from the Minister of War, dated Munich, March, 1845, prohibits for the future the use of homœopathy in the military hospitals.

Whence comes this hostile decree, which nullifies the previous ordinances so favorable to the new method? Does it originate from the fact, that since those ordinances, experience had been adverse to the new system? Who can believe this in view of its continual extension, not only in civil life, but in the army—in view of those incontestable cliniques which were officially published? The origin of this decree is, and your Excellency alone appears to be unapprised of it, that this time, practical medical men were not consulted, and especially those who had had the advantage of a long hospital experience, but theorists and academics, who judged the question in a speculative manner.

The inconvenience and injustice of such a decree is manifest. It is very evident that a just appreciation and an equitable judgment could not be obtained from theorists, prejudiced against Homœopathy by their medical education, by the systems of the school, and by the absence of positive evidence at the bedside of the sick.

Homœopathy constitutes a well-ordered whole; the only logical and complete doctrine that refers to an experimental inductive principle.

Other systems, the combination of which constitutes the system of ordinary medicine, are all founded on incoherent principles, which are contradictory, imperfectly instituted, admitted by some and repudiated by others; so that the leading men among them

reciprocally anathematize each other. But in their opposition to Homœopathy they are all united; and in that alone their views are harmonious. They do not hesitate, save a loyal minority, to have recourse to calumny and violence, in order to crush a school which they are pleased to judge agreeably to their own personal antipathies. It is an old and perpetually revived story of a contest between truth and error.

During the twenty years that Homœopathy enjoyed an official position in this country of Bavaria, it furnished, publicly administered, proofs extensively multiplied, the most constant, the most evident, and best calculated to prove its practical superiority.

These present to us a reliable source of information. Why has your Excellency preferred the theoretic opinion of titled professors of the faculty to these positive documents? There has been an homœopathic hospital at Munich under the direction of physicians long known and appreciated. Why not interrogate those gentlemen? No person in an impartial public would have challenged the evidence of those old practitioners, known and esteemed by all. That measure would have afforded a ready means to its enemies of convicting this new school of error and of danger, of crushing it at once, and causing its total annihilation. They would not have been reduced to the inconvenience of a half-way measure, which expels it from the hospitals, but leaves it to flourish in the hands of the public. The contest will continue, and the pride of the learned faculty will pay the expenses. For as our own Goerres has very happily said, "Against the force of truth, material violence remains powerless. If Allopathy has for her part numbers in adepts, and their hierarchical position in the state, Homœopathy draws her force from her principles, from her logic, and from her more fortunate practical results, obtained without waste of time or money."

We pray your Excellency to do us the favor to take into consideration the information which we here present you of the clinical results of homœopathic treatment in the hospitals of different countries. We beg you to consider that we confine ourselves to official results, which offer every possible guarantee of exactitude; that we publish them *all without exception*, passing in silence the very favorable, but not official, statistics of the dispensaries of Moscow, Paris, Lyons, Bordeaux, Marseilles, Madrid, London, Edinburgh, Manchester, Rio Janeiro, Philadelphia, &c.

			Cases.	Deaths.
Military Hospital of Vienna,	. . .	1828,	45	1
“ “ Tulzyn,	. . .		165	6
“ “ Naples,	. . .		200	2
Hospital for Infants of Petersburg,		1829 to 1830,	409	16
Civil Hospital of Leipsic,	. . .	1833,	118	4
“ “ “	. . .	1834,	120	5
“ “ “	. . .	1835,	103	11
“ “ “	. . .	1836,	119	5
Polyclinique of Leipsic,	. . .	1833,	1086	17
“ “	. . .	1834,	465	7
“ “	. . .	1835,	285	9
“ “	. . .	1836,	261	5
“ “	. . .	1833 to 1841,	4665	127
“ “	. . .	1846 to 1847,	742	6
“ “	. . .	1847,	777	7
“ “	. . .	1848,	973	6
“ “	. . .	1849,	1088	5
“ “	. . .	1850,	1190	5
Hospital of Munich,	. . .	1836 to 1837,	249	5
Polytechnique of Munich,	. . .	1837 to 1843,	6000	59
Hospital of Vienna,	. . .	1832 to 1834,	5461	267
“ “	. . .	1835 to 1840,	6531	407*
“ “	. . .	1840,	953	63
“ “	. . .	1840, at the Dispensary,	4367	19
“ “	. . .	1840 to 1844,	1157	63
“ “	. . .	1845,	985	74
“ “	. . .	1845, at the Dispensary,	6610	0
“ “	. . .	1846,	1158	62
“ “	. . .	1847,	1164	80
“ “	. . .	1848,	1187	88
Hospital of Linz,	. . .	1843,	575	50
“ “	. . .	1844,	592	27
“ “	. . .	1845,	655	18
“ “	. . .	1846,	700	28
“ “	. . .	1847,	801	23
“ “	. . .	1848,	838	44

* In this number are included 742 cholera, 819 typhus, 300 pneumonia, 224 pleurisy, 98 phthisis pulmonalis. The mortality in Austria was extremely great at that time.

		Cases.	Deaths.
Hospital of Guns,	. . . 1833 to 1841,	738	29
“ Gyongyos,	. . . 1841 to 1847,	452	24
“ Kremsier,	. . . 1845 to 1846,	221	8
“ “	. . . 1846,	480	19
“ “	. . . 1847,	471	30
Hospital of Krems,	. . . 1849,	520	7
Military Hospital of Weiskirchen,	. . . 1848,	825	17
Hospital of Nechenitz,	. . . 1846 to 1848,	404	10
Dispensary of Leeds,	. . . 1845 to 1851,	6795	83*

The comparative results of the homœopathic and allopathic treatment in two of the principal establishments in New York, during five successive years, is as follows :

Homœopathic Hospital, treated, 25,552; died, 1,150.

Allopathic “ “ 17,282; “ 1,924.

Dr. Peters, after furnishing this statistic, exclaims: “Who would be so reckless, after such a result, as to trust himself to the heroic mercies of the old school of medicine?”

In the homœopathic treatment, not only the mortality is less, the course of the disease more regular and rapid, but the attention to the sick is less troublesome, and the expense for medicines reduced almost to nothing. A Saxon, a friend of truth, a very competent man, instituted a comparison of the reports of treatment by the old and new methods. He made his observations on 600 Saxon cavalry soldiers, young men, treated with all desirable attention. Of this number 215 became sick in the course of the year, and their expense in medicines was 304 thalers. The other 600 cavalry, offering a similar proportion of sick, and treated homœopathically, cost 4 thalers. Thus, while an army of 50,000 men, supplied with medicines allopathically, would incur an expense of more than 253,000 thalers per annum, the same army, confided to the care of Homœopathy, would cost about 3000 thalers in remedies. At this rate, the Bavarian army would find its expenses reduced to 100 thalers annually; and with this the soldier would be more pleasantly treated, more certainly cured, and more promptly restored. Your Excellency can judge whether these advantages are worthy of being taken into consideration.

In the homœopathic hospital of the Sisters of Charity, at Vienna,

* It will be remarked, that in the principal part of these establishments Homœopathy has been but a short time in use.

during the years 1840 and 1841, the number of bed patients was 910, and that of the patients of the dispensary adjoining, 4367. These 5277 persons, of whom 82 alone died, treated fully and with success, expended in remedies the moderate sum of 200 florins.

From these confirmed facts, official and incontestable, which will exhibit themselves every time the two systems are brought in practical contact, the evident superiority of Homœopathy is made incontestably manifest.

I hope your Excellency will kindly receive these frank remarks, and that the sentiment of loyalty which inspires them will secure your pardon for what may appear to you too energetic or too confident. You will excuse me, too, the more, in consideration of my position as the organ of the partisans of Homœopathy, not only of Bavaria, but of all Germany. Yielding to the request of those enlightened men, I implore you to confide the interests of the homœopathic school of medicine in this country to competent persons and valued practitioners, in order that the most noble and useful of sciences may not decline under a government which professes to be the protector of sciences and arts.

Your Excellency will please accept the homage of

Your very humble and obedient servant,

• DR. JOSEPH BUCHNER.

MUNICH, 22d March, 1853.

(Continued from p. 592.)

DISEASES PECULIAR TO FEMALES.

BY FREDERIC HUMPHREYS, M.D.

Belladonna is indicated in cases where metritis is developed during confinement, or also when the lochia are suppressed, or with retention or attachment of the placenta. It is indicated by the painful sense of heaviness and dragging down in the abdomen towards the genitals, as if everything would be forced out; the bearing downward is excessive, and often accompanied with a stinging, burning pain over the os pubis, with pains in the small of

the back as if it would break, and stitching pains in the hip-joint, not admitting of either motion or contact. The suppression of the lochia, or the discharge of an ichorous, fetid fluid from the uterus, with violent burning and fulness in the vagina, is supposed, specifically, to indicate this remedy; yet, for simple suppression of the lochia, I have found *Hyoseyamus* more efficient.

Chamomilla will be the appropriate remedy when the disease has been excited by a *paroxysm of anger, or chagrin*, either occurring during lying-in, or otherwise, and more especially if there is an increase of the lochia, or if it becomes changed into a discharge of black, coagulated blood, after having been of lighter color.

Coffea will be indicated, if a sudden excitement of a joyful character should have been the exciting cause, either occurring during confinement or menstruation.

China is the proper medicine, when after a tedious and difficult labor, during which much blood has been lost, or if an excessive secretion of milk has exhausted the patient, and a metritis, with a low grade of symptoms tending to putrescency, should have been developed in consequence. The discharge of excessively fetid, sanguineous, or purulent matter from the vagina, corroding the parts and exhausting the patient, together with the general prostration and anæmia of the system, are characteristic indications for this remedy.

Mercurius often follows *Belladonna* with advantage in this disease, especially where the prostration is considerable, the heat not great, or *frequent unrelieving sweats* are present, and the pains in the parts are lancinating, compressive, or piercing, or when there are frequent chills, or inflammatory swelling of the labia.

Nux corresponds to all the phenomena of the acute form of this disease; it is, however, less suitable to the mild and phlegmatic temperament, than to the irritable and passionate. It is indicated by violent pressive pains in the hypogastrium, aggravated by pressure and contact; heaviness, burning heat, stinging and pressure in the inflamed organ; severe pains in the loins; retention of stools, and difficult or suppressed urination; swelling of the os tincæ, with bruised pains, and aggravations in the morning hours. It is equally useful, whatever portion of the uterus is the seat of inflammation.

Rhus is often useful, and sometimes indispensable, where a metritis has come on during confinement, and especially in consequence of the application of cold moisture, the *lochia becoming dark and bloody again*, after having been of lighter color; fever of typhoid character, delirium, dark tongue, frequent or involuntary evacuations, &c.

Secale is the indicated remedy where metritis has been occasioned by suppression of the lochia or the menses, and especially where, in scrofulous or cachectic subjects, there is a strong tendency to putrefaction of the uterus, or gangrene, manifested by cold sweats, falling in of the face, and great prostration of strength, or also in inflammations of this organ of *long standing*, or when it has been occasioned by a contusion or injury.

Arsenic is in place where we have a similar condition of the uterus, with burning pains in the diseased organ, and lower part of the abdomen; excessive prostration; skin covered with cold viscid sweat; thirst, excessive anguish, liquid diarrhœa, &c.

Sepia is one of our most valuable remedies in almost every variety of uterine affection, and especially corresponds to the chronic form of this disease. It is especially suitable for slender, delicate females, and is indicated by bearing-down and pressure on the bladder or anus; irregular, scanty, or painful menstruation; purulent or muco-purulent discharge; heat, with pain in the uterus and in the back.

Carbo veg. may likewise be useful in the more chronic forms of the disease, with crampy pains in the hypogastrium, aching or pinching in the iliac region; aphthæ about the pudendum, with heat, redness, soreness, or itching of the parts; drawing pain from the pubes to the sacrum; dark, thick, acrid menses; languor, weariness, and physical depression about the middle of the day, with hunger and faintness.

Sulphur should not be overlooked even in the treatment of the acute forms of this disease, as all unfavorable terminations and complications are due to a latent dyscrasia having been developed during the progress of the disease, and Sulphur may hence be necessary whenever the affection is likely to become chronic, or the indicated remedies fail to excite curative action.

The more chronic forms of metritis parenchymatosa will demand mostly *Nux*, *Sulphur*, *Mercurius*, *Rhus*, or *Secale*.

Follicular or *granulated metritis*, with profuse leucorrhœa, irregular or painful menstruation, and excessive or irritative itching of the genitals, will mostly find its remedy in *Natrum mur.*, *Platina*, *Mercurius*, *Sepia*, or *Sulphur*, each chosen in accordance with their particular indications.

Simple *metritis mucosa*, or uterine catarrh, will generally be promptly controlled by *Belladonna*, *Pulsatilla*, *Sabina*, or *Sepia*.

NEURALGIA OF THE UTERUS.—IRRITABLE UTERUS.

This affection, which was first described by Gooch in his work on the more important Diseases of Females, is characterized by the following appearances: The patient complains of acute pains, often of a lancinating character, which have their seat in the lower portion of the abdomen, along the borders of the pelvis, and often in the lumbar region; which are increased during an upright position of the body, on movement, coition, and mental excitement, and, on the contrary, pass off, or are relieved, on assuming the horizontal position, and entire rest. While these pains are more or less constant, from time to time there are violent neuralgic attacks, which appear mostly before and after menstruation. On examination, the uterus will be found sensitive to slight pressure, while yet an increased degree of pressure is readily permitted. There is some swelling and tension of the neck of the uterus, but yet no deviation from its normal form and structure can be discerned, nor is there any change of this nature manifested, though the affection should continue for a long time. Sometimes the mouth and neck of the uterus are even wrinkled and relaxed. Menstruation often continues regularly, but sometimes it becomes more feeble, and finally disappears. Leucorrhœa is often present. The bowels are sluggish, and the use of purgatives is followed by a violent neuralgic attack. The pulse remains normal. Sometimes the general health declines in consequence of the continuous pains which render the recumbent position so needful, and deprive the patient of rest; the digestion becomes by degrees impaired; the stomach often becomes sympathetically affected to a very high degree, vomiting whatever food is taken, and thus increasing the general prostration.

Ferguson relates a similar neuralgic condition of the vagina

without inflammation or discharge; but with such violent painfulness that every contact, or even walking, was insupportable, and coition was not unfrequently followed by hysteric attacks. All patients of this character were married, and unusually nervous; in some cases the painfulness of the vagina followed the birth of the first child, and they did not again become pregnant; in others, the condition was developed during the first months of marriage, but did not become changed after repeated pregnancies. Lisfranc remarked that this excessive sensibility of the vagina in many families appeared to be hereditary. Those cases should be carefully distinguished in which the increased sensibility depends upon organic changes, excoriations, inflammations, &c., from those in which, after the most careful exploration, no such change can be discovered. Nor, on the other hand, should we too suddenly in all cases conclude the existence of a neurosis; for an inflammation of the uterus, or even a disease of the bladder, may excite the most violent consensual sufferings, and alone occasion sensitive pains in the vagina; and yet so soon as the fundamental affection is cured, the pains vanish.

Recoveries are the rule under our method of treatment; the paroxysms recur at longer intervals, the painfulness diminishes, and finally disappears. Relapses may, however, occur. Unless cured, the affection may continue for many years, and general hysteria finally becomes associated with the local manifestations.

This affection is distinguished from *chronic metritis* by the disproportion between the intensity of the pains, and the very slight or entirely wanting objective changes in the neck of the uterus, and which also do not become manifest, or extend from a long continuance of the disease.

Neither should it also be confounded with *painful menstruation*, as in this case the pains only come on at the period of menstruation, while in this disease it also appears in the intervals, and the pains also in the first case are more drawing and labor-like.

Some physicians suppose spinal irritation to be one of the more frequent causes of this disease. Gooch finds it mostly prevalent among married females, between the ages of twenty-five and thirty years, and of very irritable constitutions. Often painful menstruations have previously existed. Among other causes, excessive

physical exertion at a time when the uterus is very irritable, as during the catamenia, or lochial flow, or after abortion, deserve to be mentioned. Other writers have considered it as the localization of hysteria, or the metastasis of neuralgia from some other part.

Treatment.—The remedies which will mostly be found indicated for the above diseased condition are usually *Platina*, *Staph.*, *Ferrum*, *Sulph.*, *Kreasot.*, perhaps also *Belladonna*, *Kali carb.*, *Sepia*, *Pulsatilla*, and others.

Kreasot.—Has spasmodic pains in the external parts; sudden stitch from the abdomen through the vagina, like an electric shock; violent itching in the vagina, inducing her to rub the parts, more in the evening, afterwards with swelling, heat, and hardness of the external parts, and with soreness in the vagina during urination; voluptuous itching deep in the vagina, and ulcerative pain during coition in the neck of the uterus, where there are also hard knots, and more pain in the morning than in the evening, or also burning in the parts. *Tendency to degeneration in the uterus; mild or corrosive leucorrhœa, also inducing great weakness.*

Ferrum has painfulness of the vagina during coition.

Platina.—For painful sensibility of the sexual organs, and continual pressing to the vulva and in the sexual parts, with almost constant internal shivering, and external coldness; *unnatural excitement of the sexual desire; voluptuous crawling in the sexual parts* and in the abdomen, with anxious oppression of the chest, and palpitation; or also cramps and stitches in the uterus.

Rhus is very efficacious for *sore pains and sensibility of the vagina* and parts, and stinging in the vagina; worse in the evening, and on contact or pressure, or also without this; also for *labor-like drawing* and aching in the uterus while standing; and violent pressing low in the abdomen, as if the menses would come on.

Staph.—Painful *sensibility* of the female parts, which even ache while sitting; *spasmodic* pain in the parts and in the vagina; corrosive or also stinging itching in the vulva.

Sulph. is indicated for *burning pains* in the vagina or vulva, rendering the parts very sensitive, or burdensome itching in the parts, or limited to the clitoris; feeling of soreness in the vagina during coition, *spasmodic pains in the lower abdomen*, as if the viscera were tied up in knots, worse in walking or lying, and only

tolerable while sitting upright; pains in the loins, and profuse leucorrhœa, yellowish or corrosive, making the parts sore.

Thuj. for *biting pains in the parts*, with itching, or with sore pains, especially during urination or afterwards; burning and biting in the vagina while walking or sitting; aching in the parts while walking; or stinging also on walking any distance; *crampy pains* in the parts on rising from a seat, even extending up into the abdomen; pressing and contractive drawing while sitting, or soreness and ulcerations in the vulva, and leucorrhœa.

The violent neuralgic attacks may find their remedy in *Belladonna*, *Coffea*, *Cham.*, *Plat.*, *Cocculus*, *Puls.*, or *Sepia*.

HYDROMETRA.—DROPSY OF THE UTERUS.

The condition usually known as hydrometra can, with as little propriety, be ranged among the hydrops as a dropsy of the kidneys. This so-called dropsy of the uterus arises from the retention and accumulation within the uterine cavity of an abnormal secretion of mucus, and it has only this characteristic in common with hydrops of serous cavities, that there is a morbid accumulation of fluid within the cavity of a parenchymatous organ.

Anatomical Character.—There may be a hydrometra of the unimpregnated or of the gravid uterus; we have only to do with the first variety.

When in chronic inflammations of the mucous membrane, or blennorrhœa of the uterus, its mouth becomes closed from an accumulation of mucus in the neck of the uterus, from fibrinous coagula, from swellings or adhesions, the morbid accumulation of its product may hence be retained within its cavity until the distension acquires a considerable size, varying in different cases from a few ounces to many pounds. Sometimes the distension becomes as great as in the last months of pregnancy, and cases are on record where the amount of fluid reached eighty pints. The nature of the accumulated fluid varies. It is mostly mucus, synovia, serous, or albuminous, and often, in consequence of intervening inflammation, and hemorrhagic exudation, of a bloody nature; and from the long continuance of the affection, the mucous membrane even becomes changed and thinned, more resembling a serous tissue. The Fallo-

pian tubes are often also at the same time distended. It is not unusual to find the walls of the uterus inflamed, and covered with a pseudo-membranous coating, or otherwise degenerated or ulcerated. This condition has been designated *free dropsy of the uterus*, in distinction from *hydatid uterine dropsy*, which consists of an accumulation of hydatids within the uterine cavity, and with which there is often associated general hydrops, *œdema of the uterus*, or the dropsical swelling of the uterine walls. Within these last, encysted accumulations, especially of the cervical portion, have been known to become developed.

Symptoms.—The most common form of this disease is free dropsy of the uterus. Its diagnosis is only possible when the extension of the uterus has attained such a grade that its increase of volume renders an exploration available. The distended uterus elevates itself by degrees in the form of a globular swelling above the pubes, extending gradually towards the umbilicus and on each side, frequently to such a size as to simulate pregnancy, or even an ovarian dropsy. The enlargement does not take place so gradually and uniformly as in pregnancy; often in a short time it attains a great extent, and then stands still. The swelling also extends more in breadth, and is not so pointed forward; it also feels elastic, uniform, not hard and firm in one place and yielding in another, is insensible to pressure, and is not dislocated by a change of position. We can perceive a more or less clear fluctuation, and percussion returns a faint, fluid tone. An examination, per vaginum, exhibits the vaginal portion standing low in the pelvis, mostly thinned and elongated, the body of the uterus extended and tense, and upon pressing the organ with the finger, and counter-pressure with the other hand upon the abdominal parietes, a dull sensation of fluctuation will be perceived, but not the parts of a fœtus. Menstruation is usually wanting; only, in very rare cases, it continues irregular and sparse; leucorrhœa is very commonly present.

The patient complains of a feeling of downward pressure and heaviness in the pelvis, of weariness in the legs, and a sensation of coldness in the abdomen. In some cases the external genitals and lower extremities are œdematous. The pressure of the extended uterus upon the bladder may occasion disturbances in the urinary discharge. Usually, after the affection has continued some time, or has reached a high grade, sympathetic symptoms are manifest in

other organs, such as nausea, vomiting, loss of appetite, colic pains and flatulence. Later, a leuco-phlegmatic appearance becomes developed, the patient becomes actually dropsical, the feet swell, the urine becomes scanty, and sometimes ascites or hydrothorax are developed.

In many cases, the mouth of the uterus becomes opened from time to time, and the contents, in whole or in part, are discharged (hydrorrhœa uteri), with a proportionate sinking in of the abdominal swelling, and remission of the remaining symptoms. A smart stroke upon the abdomen, or other mechanical concussion, may also occasion its discharge. After the entire discharge of the fluid, either no fresh accumulation takes place, and the health of the patient is perfect, or what is more common, the accumulation recurs again, and is discharged from time to time—sometimes periodically, often with labor-like contractions of the uterus. The discharged fluid is mostly serous, rarely gelatinous and sometimes mixed with blood. If the accumulation of fluid is very extensive, and it is discharged rapidly, such attacks come on as are common after the sudden discharge of other extensive evacuations, such as fainting, exhaustion, metrorrhagies, and prolapsus of the uterus.

But few examples occur in which the fluid is discharged by some other way, as by the formation of an abscess in the abdominal parietes, increased flow of urine, perspiration, or saliva. The excessive distension of the uterus may occasion a rupture of its substance, at a point where its walls have become thinned, or the tissue injured, in consequence of inflammation or ulceration, and a fatal termination may hence be occasioned from hydropic cachexy and hectic.

Sometimes pneumatosis of the uterus remains as a consequence of the relaxed condition of its parietes after the hydrometra.

The actual appearance of *hydatid dropsy* of the unimpregnated uterus, on account of its rarity, has been denied by many physicians. Yet cases have occurred of so decided a character as to remove all doubt on the subject. The symptoms of encysted dropsy are not very different from those of free hydrometra. The fluctuation is less distinct; and the oscillating movement from side to side, made by balancing the uterus on the finger, and moving it with the other hand, is not so clear, and imparts to the finger of the physician a motion which may be more readily mistaken for the motion

of a child. Yet the discharge of hydatids or cysts is the only certain-evidence of their presence within the cavity of the uterus. The cyst bursts sometimes after the second month, often at the sixth, and, as a rule, about the ninth month, from which hydatids, mostly in clusters, and yet attached to the pedicle, are discharged with much water, and sometimes also the yet enclosed sac of hydatids. A metrorrhagia, or metritis, is a frequent result of such a disorgement.

An *œdema of the uterus* can only be known during life when the vaginal portion becomes œdematous and swelled, and the uterus becomes distended, doughy and cold to the touch. The diagnosis is strengthened when the hydrops is general. This affection belongs among the rarest to which the female is subject. Lisfranc has never seen it.

Diagnosis.—It is distinguished from *pregnancy* by the growth of the swelling being more sudden and unequal, extends more in breadth, and is not so pointed forward; is elastic and fluctuating, not hard and buncy; the uterus is lower in the vagina, its neck not enlarged, the placental sound, pulsation and movements of the fœtus are wanting; sympathetic symptoms, vomiting, &c., only come on late and with great extension of the organ, while in pregnancy they should have ceased before that period; the breasts remain flaccid, and it mostly appears at an age when conception is impossible, or very rare.

In *ascites* the fluctuation is more distinct than in hydrometra; on changing position the water sinks to the most depending portion, which also affords the faintest percussion tone; the enlargement is not circumscribed as in hydrometra; examination, per vaginam, exhibits no change in the neck of the uterus; the derangement in the abdominal organs is greater; œdema of the lower extremities is present, and the urinary secretion is more deranged.

In *hæmatometra*, the swelling may be precisely the same as in hydrometra; but in this case the menstruation is wanting, and we remark at the time when it should appear, a decided increase of the swelling, accompanied with a very distinct menstrual molimina, and aggravation of all the symptoms, which again disappear after this period has passed.

In *pneumatosi uteri*, fluctuation is wanting; on the contrary, percussion returns a tympanitic echo, and the swelling is more tense

and elastic; the extension of the uterus also rarely reaches the same grade as in hydrometra; the patient has not the same feeling of heaviness, and the periodical discharge of gas through the vagina removes every doubt.

In *hypertrophy of the uterus*, the growth of the swelling is much slower, and it may require five or six years to attain a very considerable volume. The swelling is not elastic and fluctuating, but firm. The vaginal portion will be found not elongated, but thickened and hypertrophied. Hydropic phenomenon are wanting in *hypertrophia uteri*.

Causes.—Hydrometra is one of the most frequent diseases of the period of involution, yet it has sometimes been observed among young females. Its more usual cause is an inveterate blennorrhœa, or chronic inflammation of the mucous membrane of the uterus, with, at the same time, atresia, or mechanical obstruction of the mouth of the uterus. It most frequently arises among females who have borne many children. Accouchments in rapid succession, abortions, a stroke or concussion upon the uterine region, and leucorrhœa, have been mentioned as remote causes.

The *prognosis* is not unfavorable. The accumulated fluid is either discharged spontaneously, or may be drawn off by art. A more important question is the curability of that morbid condition upon which such accumulation depends. This can generally be accomplished by the appropriate use of remedies, except in those rare cases in which the uterus is the seat of grave organic lesions, whose entire restoration may be more doubtful, especially if the constitution has been undermined by them. Sterility is a frequent consequence.

Treatment.—In only those cases where the diagnosis is perfectly clear, is the discharge of the accumulated fluid by the introduction of a catheter or sound to be permitted. Even then we prefer to resort to the use of the indicated remedies, and only when the accumulation is excessive, and the patient suffering from it, would we resort to this expedient. Some advantage may be gained towards promoting the action of the remedies and the normal tendencies of the uterus, by keeping it as free from distension as possible, providing the organ or the system of the patient is not irritated in the process.

The remedies most appropriate for this condition are, *Apis mel.*, *Secale*, *Sepia*, *Phosphor.* & *Sulphur*.

Secale will be the more appropriate if the hydrometra is of the encysted or hydatid character.

Apis mel. corresponds to all the phenomena presented by this disease, and though clinical experience has not yet sanctioned its use in this case, yet from analogy and a knowledge of its action I should not hesitate to employ it.

The following case, from our worthy friend and colleague, Dr. Wells, affords an instructive illustration of the action of *Sepia* in this disease.

Was called, August 14th, 1849, to see Mrs. S., aged 35, of nervous temperament, who gave me the following history of her case previous to the time of my attending her. Has three children, the youngest seven months old. For three or four months previous to her confinement she suffered from great distension of the abdomen, with pain and soreness, which she supposed was in the uterus. One month previous to her confinement, she had pains like those of labor, attended with a discharge of serous fluid. The pains subsided and returned again every three or four days, with discharges of fluid, which continued until her confinement, about four weeks subsequent to the commencement of the fluid discharge. She thinks that at her confinement, and during the previous four weeks, she discharged at least three gallons of fluid from the uterus. The child was living. She continued the following seven months under the treatment of her family physician (an allopath) without benefit. She has now great distension of the abdomen, which has been more or less the case ever since her confinement, with pressure and "bearing down," especially when standing or even sitting a long time; a feeling as if the contents of the abdomen would issue through the external organs. General soreness through the bowels. Has since her confinement had occasional discharges of serous fluid, similar to those before it, gushing out with force. Feeling of soreness in the uterus and external organs. Urine small in quantity, and high-colored, with frequent inclination, and involuntary discharge when coughing or sneezing. Has darting or prickling pains through the hips and sides, sometimes shooting down the bones of the pelvis. Pains in the back and

extremity of the sacrum. General debility. Easy perspiration from the least exercise; also, night sweats. Sometimes flushes of heat, followed by chills at night. Not much appetite. Bowels loose, with several thin evacuations daily. On examination, found the neck of the uterus low in the pelvis, the uterus itself being very near as large as at the eighth month of gestation. My first impression was to introduce a catheter, but from the history of the case, this could be only of temporary benefit. I therefore concluded to try first the specific remedies, and relieve the distension afterwards, if necessary. August 14th. Gave *Sepia* 6, in water. 17th. No better; continued *Sepia* 12. 26th. Symptoms no better.

As *Sepia* alone covered the case better than any other remedy, I gave *Sepia* 30. During the following ten days there was not the least improvement, but she had several copious discharges of thin, dark-colored serum, preceded by pains like labor-pains, and the accumulation was equal to the amount evacuated. Thinking that the right remedy had not been selected, I made a careful re-examination of the case; still, *Sepia* was the prominent remedy, and I gave *Sepia* 200. Two days afterwards I called, and on entering the room, I was greeted with—"Well, Doctor, you have given me the right remedy, for I feel a great deal better. You have hit the case right this time." Gave *Sacch. lac.*, and she continued to improve for two weeks. September 10. She complained of a sensation of trembling with chilliness along the whole length of the spine; the other symptoms were better. *Sepia* 800. September 27. Symptoms all better. *Sepia* 1700. It may be remarked, that after the administrations of the high attenuations, the dose was not repeated while the improvement continued, but during this period *Sacch. lac.* only was taken. October 10. Strength restored; bowels regular, and the bloating entirely disappeared; she calls herself well; I saw her a year afterwards, and she said she had never been so healthy before.

OOPHORITIS—INFLAMMATION OF THE OVARIES.

The *anatomical character* presented as the results of this disease are—redness and injection of the ovary, which is generally

diffused, or may be limited to the follicles and Graafian vesicles, which are surrounded by a reddish or brownish vascular elevation; the redness is also often ecchymosed. The inflamed organ is swelled, and the vesicles larger than in the normal condition; the ovary may in a few days attain the volume of a hen's egg; its substance becomes softened, often with effusion of serum and blood in the tissue.

Pus may form, and the entire substance of the ovary may become infiltrated and changed to a grayish dissolute pulp, or there may be numerous small abscesses, perhaps follicles, filled with matter, or the entire organ may be changed into a large abscess, containing many pounds of pus. We usually then find adhesions with the capsule of the ovaria and neighboring organs, from pseudo-membrane, either with the Fallopian tubes, the uterus, the bladder or rectum, and the matter may hence burrow and be discharged in various directions, into the abdominal cavity, or the cellular tissue of the pelvic or sacral region, or be discharged per vaginum.

Hypertrophy, induration, and other degenerations, often remain as a consequence of chronic ovaritis. After acute inflammation of this organ, many times, the traces of inflammation will be found in the uterus and broad ligaments, the veins of the sacrum or of the peritoneum.

Symptoms.—In the descriptions of this disease, some discrepancy will be found among different writers, doubtless arising from the fact that it often appears complicated with other affections, and may be easily confounded with them, and the opportunities for verifying the diagnosis by dissections are rare.

The course of the disease may be either *acute* or *chronic*.

In *acute oophoritis*, the patient complains of a dull or more or less acute, generally stinging pain in the iliac fossa, over the ramus of the pubis, on one side of the mesial line. The pain sometimes extends to the round ligaments of the uterus, to the loins, the rectum and thigh of the affected side, and is increased by the patient suddenly rising up, or by the effort and distension of the rectum during a stool; less by external pressure upon the abdomen, which in general occasions but slight uneasiness. By pressing deeply on the part appropriate to the pain, while the patient

lies upon the back, with the legs flexed and abdomen relaxed, we frequently perceive a roundish swelling some fingers in breadth, protruding above the pelvis, which is the hard and swelled ovary. The swelling, which may have attained a considerable size, sometimes equalling a child's head, may often be seized with the fingers, and moved from side to side, or pressed down into the pelvis, yet the swelling may be perceived at an earlier period, and more distinctly by an examination per anum than through the abdominal parietes. The swelling occasions a dislocation of the uterus to the contrary side, and the neck will hence be found standing obliquely. The thigh of the affected side is frequently numb and stiff, and a serous mucus flows from the vagina, especially during the exacerbation of fever.

The local phenomena consist of either erethic or synochal fever, and a range of nervous appearances. While the peritoneum remains unaffected, the constitutional symptoms are but trifling. Several writers consider sexual erethism even connected with epileptic or cataleptic symptoms, a condition of acute nymphomania, as a characteristic sign of ovarian inflammation. Hysteric symptoms, pain extending upwards to the stomach, nausea, flow of water in the mouth, vomiting, clonus, and sometimes even delirium, are very frequently observed in connexion with this disease. Often consensual disturbance of the urinary function, dysuria, will be present; yet the normal amount of urine will be discharged, though at frequent intervals and in small portions; frequently also constipation, occasionally with tenesmus, and a feeling of bearing down in the pelvic region.

Menstruation differs in different cases, and *Schonlein* distinguishes two varieties. Either the menses cease or become very scanty, or profuse hemorrhage comes on at the same time with the inflammatory symptoms, which may be repeated from time to time every eight, ten, or fourteen days, with great violence, resulting in a condition of anæmia (*Oophoritis hæmorrhagica*). The pains are not diminished from the hemorrhage, but increase in their intensity, while the hysterical phenomena are kept in check.

Chronic Oophoritis assumes a much more insidious form and course than the acute variety, and its symptoms at the beginning are so slightly marked as to be readily mistaken for hysteria.

The symptoms consist mostly of a dull pain in the ovarian region, which is increased during the catamenia, or coition, or physical exertion; feeling of bearing-down in the vulva and perineum; menstrual anomalies, either suppression, or metrorrhagia, and leucorrhœa. Later the patient complains of a painful sensation along the anterior surface of the thigh of the affected side, which is increased by placing the heel of the foot upon the ground; they hence, in walking, step mostly upon the point of the foot, and sustain themselves chiefly on the sound side. In the progress of the disease the ovary becomes enlarged, and may be felt through the abdominal integuments, and from an examination per anum or by the touch, the organ is found enlarged and painful. Frequently there are also present symptoms of irritation of the rectum and hysteric attacks. Both ovaries are rarely affected at the same time, usually only one, and more frequently the left. The disease may continue for months or years, unless some injurious circumstance should occasion an intervening acute attack.

Oophoritis may terminate by *resolution* in the acute form in from four to ten days, with more or less clear manifestations of crisis; if the menses or lochia have been suppressed they return again; or, in the hemorrhagic variety, the flooding disappears. Adhesions of the diseased ovaria with the neighboring organs not unfrequently occur; then the patient has a feeling of pressure and tension in the pelvis, which at times extends to the epigastric region, and is occasionally very burdensome during an upright position of the body. Or the acute may terminate in the chronic form.

It may also terminate in *suppuration*, under an increase of the throbbing pains, the swelling, numbness of the thigh, frequently-returning chills and suppurative fever. Yet sometimes the ovary becomes changed to a mere sac of pus, without swelling or very manifest pains having been present. The existence of an abscess can usually only be correctly ascertained by a careful vaginal exploration. The abscess may open into the abdominal cavity (from which death rapidly results, unless adhesions should have occurred, which limit the extension of the matter); or it may open into the intestine (colon, cæcum, or rectum, with discharge of pus by stool); or into the bladder, the Fallopian tubes, the uterus, the vagina, or

through the abdominal walls or the inguinal ring, the matter then following the round ligaments along the inguinal canal, or sinking down in the groin. If the pus is discharged externally in one or more of the above courses, a cure may result. Termination in suppuration occurs as well in chronic as in acute inflammation.

Chronic Oophoritis frequently terminates in *induration* or *degeneration* of the organ, which, if it extends to both ovaries, has sterility as a consequence.

Fatal terminations may occur in the acute form from the extension of the inflammation to the peritoneum or to the veins, or through suppuration under symptoms of typhus fever, or from acute peritonitis in consequence of effusion of matter in the peritoneal cavity.

According to Schonlein, Oophoritis may terminate in Nymphomania.

Diagnosis.—The diagnosis is attended with some difficulty, and only when an actual swelling of the organ has taken place, which may be felt through the abdominal parietes as well as through the vagina and rectum, can we conclude with certainty from the remaining symptoms, of the existence of oophoritic inflammation. Care should also be taken not to confound an accumulation of hard fæces in the sigmoid flexure of the colon, or in the rectum, or a phlegmonous swelling in the iliac fossa, with an inflammation of the ovaria. Yet a swelling in the iliac fossa is not movable as with swelled ovaria, is less circumscribed, lays more superficial, and is more painful to contact or pressure, and the derangement of the menstruation is wanting.

In *Metritis*, the pain is located more immediately over the pubis in the mesial line; the vagina feels hot and dry, and the neck of the uterus is hard, swelled, and painful; the fever is more violent, while the nervous phenomena are slighter than in oophoritis. But it often happens that the symptoms of oophoritis may be entirely masked from a complicating metritis or peritonitis.

It is distinguished from hysteria, according to Schonlein, by the pain and the swelling of the ovary, and also that the nervous irritation does not proceed from the uterus but from the ovaria.

PHILADELPHIA

JOURNAL OF HOMŒOPATHY.

VOL. II. — MARCH, 1854. — No. XII.

ORIGINAL COMMUNICATIONS.

PROVINGS OF RUMEX CRISPUS, YELLOW DOCK.

PREPARED FOR PUBLICATION BY B. F. JOSLIN, M.D. LL.D.

THE provings of this medicine have been published in chronological order, both as regards the different experiments of each prover, and the time of commencing by different provers. The same method is here pursued ; although on account of a slight difference between the preparation used by the first of the following provers, and that employed by all the other provers, it might be thought desirable to keep it more distinct by postponing its publication. However, in the present state of our knowledge of Rumex, we can hardly afford to spare such a valuable addition. The roots of this plant probably contain far more medicinal virtue than the leaves ; and it appears to me that the former are likely to afford preparations more nearly uniform in their properties than the two together, or a mixture of their tinctures ; and that, therefore, the roots are to be preferred for provings. In different specimens, and in different stages of the growth and decay of the leaves of the same specimen, the ratio of the material in the leaves, to that in the roots, is liable to considerable variation. From this would result some difference of properties in the different mixed tinctures as compared with each other, unless the leaves are either inert, or else agree qualitatively

with the roots in medicinal properties. Whilst it does not accord with the strictness of our system, to assume, without experiment, the truth of either of these conditions, there is a probability of a sufficiently near approximation, either to one or the other of them, to justify us in availing ourselves of the results of all the provings thus far made, indiscriminately, in guiding us in the medicinal use of the tincture of the root, until future researches shall afford, if they ever shall, sufficient reasons for separating the symptoms obtained from the mixed tinctures. The multiplication of provings from the tincture of the roots alone, may in time be so great, that the symptoms from the mixed provings here given, can be dispensed with more easily than at present.

A copy of Dr. Houghton's proving, obligingly furnished by Prof. W. A. Gardiner, has been read before the Homœopathic Society of New York; and Dr. K. being a member, has read his own before the same body, who have authorized me as Chairman of their *Materia Medica* Bureau, to procure the publication of both provings.

The arrangement and language of the provers has been preserved, except where perspicuity required a change of order or expression. The object has been to exhibit the actual order and character of the symptoms, and in such a manner as will facilitate their future classification, for convenience of reference in medical practice.

Where it was not evident from the record, that symptoms occurred nearly at the same time, they have been put in separate paragraphs, as in the provings of *Rumex* already published.

PROVING OF RUMEX CRISPUS.

BY HENRY A. HOUGHTON, M.D., OF LYNDON, VERMONT.

Extracted from his Inaugural Essay, which was submitted to the Homœopathic Medical College of Pennsylvania, February, 1852.

THE prover was twenty-four years of age; hair and skin of a light color. He had had a very slight eruption occasionally for several years, but had never suffered any inconvenience from it. It was confined mostly to the back; commencing in small, red spots,

which became elevated and pointed, sometimes containing a very little white cheesy matter. The prover made no use of tea, coffee, tobacco, nor stimulating drinks of any kind. The preparation of Rumex, proved by Dr. H., was made by Dr. W. Williamson, who macerated the roots in alcohol, bruised the leaves in alcohol, then expressed separately, and mixed the two tinctures, which formed a tincture of a pale yellow color.

Nov. 11th, 1851.—In the evening, took six drops of Rumex Crispus, of the *first potency* in the centesimal scale. It was prepared by the centesimal method.

12th.—Had a dull heavy headache, from ten o'clock A.M. until night; not so severe after two P.M.

The headache disappeared at night.

13th.—A slight headache during the day.

14th and 15th.—No symptoms.

16th.—Took six drops of the first potency in the evening.

Night of 16th–17th.—Very restless during the night. Dreamed of seeing friends.

17th.—Heat and other symptoms of fever toward morning, followed by a sharp pain in the abdomen, which was increased by deep inspiration, but entirely subsided on rising.

A dull heavy headache during the day, less severe in the afternoon.

Legs feel very weak when going up and down stairs, in the evening.

18th.—A sharp cutting pain in the left breast, which came on at noon, and lasted an hour.

A dull heavy headache during the day.

19th.—Slight headache.

20th to 25th, inclusive.—No symptoms.

25th.—Took ten drops of the first potency in the evening.

29th, in the evening.—Repeated the same dose.

From the 20th to the 30th of Nov., there were no symptoms.

30th.—Great coldness of the lower extremities during the forenoon.

Again took ten drops of the same, i. e. Rumex¹, on going to bed.

Night of Nov. 30th–Dec. 1st.—Was very restless during the night. Dreamed of seeing friends.

Dec. 1st.—Great coldness of the lower extremities during the forenoon.

A cutting pain in the abdomen in the evening, followed by a diarrhœic stool. Legs feel weak while going up and down stairs.

2d.—Scraping in the throat, with symptoms of a slight cold, in the evening.

Night of 2d–3d.—Very restless during the night. Dreamed of seeing friends.

3d.—Cold clammy sweat on the legs, during the better part of the night, followed by symptoms of a severe cold, as scraping in the throat, with tenacious mucus, cough, headache and obstruction of the nose. These lasted during the day.

4th.—No symptoms.

5th.—Took six drops of Rumex¹ in the evening.

6th.—Was very restless during night.

7th.—No symptoms.

Took ten drops of Rumex in the evening.

8th.—Coldness of the lower extremities during the forenoon.

A dull, heavy headache, with deep-seated soreness of the eyes during the day, worse in the forenoon.

Legs feel weak on going up and down stairs, in the evening.

9th.—Was very restless during the night.

Dreamed of seeing friends.

Dull, heavy headache, accompanied with deep-seated soreness of eyes during the day, worse in the forenoon.

Legs feel weak, when going up and down stairs in the evening.

10th.—Had profuse perspiration of the lower extremities during the latter part of the night.

11th.—An aching pain in the anterior portion of the lungs, which disappeared and returned several times in the afternoon.

Previously to the taking of this medicine, the bowels were regular; but during the proving of it, they were more or less constipated.

Dr. H. here suspended the proving for the purpose of being vaccinated.

Dec. 27th.—*Resumed the proving*, by taking fifteen drops of the mother tincture, in the evening, on going to bed.

28th.—Very restless during the latter part of the night.

Coldness of the lower extremities during the forenoon.

A dull, heavy headache, with deep-seated soreness of the eyes most of the day. Legs feel weak on going up and down stairs in the evening.

Dec. 28th and 29th.—Very restless during the night.

29th.—A dull pain in the abdomen before rising; it continued a short time after rising, and was followed by a diarrhœic stool. A slight headache during the day.

30th.—A sticking pain in the left thoracic region in the morning, before rising, followed by a dull pain in the lungs.

Slight itching of the legs, on going to bed in the evening.

31st, in the evening.—Back and shoulders are densely covered with small red pimples.

Jan. 1st, 1852, in the morning.—Costiveness for three days.

Sharp pain in the lower part of the abdomen in the morning before rising, followed by two diarrhœic stools; and a dull pain in the abdomen, which lasted two or three hours.

1st, in the evening.—Has felt weak during the day.

The eruption continues the same, with slight itching in the evening, especially when exposing it to the air, as on going to bed.

2d.—A dull headache during the forenoon.

Felt very weak and tired through the day.

Slight itching of the eruption on going to bed.

3d.—No symptoms, except constipation.

4th.—Constipation for three days, followed by a natural stool.

5th, in the evening.—Had a great deal of dull, heavy headache during the day.

Epistaxis from the slightest picking of the nose.

The eruption is gradually disappearing.

6th.—No symptoms.

7th.—In the evening, on going to bed, took fifteen drops of the mother tincture.

8th.—Slight headache.

Dry and hard stool.

The eruption is reappearing on the back and shoulders, with a few red pimples on the upper part of the chest.

Itching of the eruption on going to bed.

9th.—Dull, heavy headache through the day.

10th.—Dull, heavy headache during the forenoon.

Back and shoulders are found in the evening to be densely covered with red pimples.

Jan. 11th, in the morning.—Was very restless during the night.

11th, in the evening.—Slight eruption on the limbs.

Constipation for three days, followed by a small, dry and hard stool.

12th.—The eruption is gradually disappearing.

Dull pain in the abdomen in the evening.

13th.—Dull headache in the forenoon.

14th and 15th.—No symptoms.

The bowels have been regular for the last three days.

16th.—Took twenty drops of the tincture (i.e. *Rumex*) on going to bed in the evening.

17th.—No symptoms.

18th.—Slight headache during the day. Legs felt weak through the day, especially on going up and down stairs.

19th.—Constipation for three days, followed by a dry and hard stool.

Sharp pain and rumbling in the abdomen this evening, followed by dull headache.

Reappearing of the eruption, densely covering the back, and slightly the extremities; also covering quite thickly the thighs, with itching on going to bed.

20th.—Dull headache during the forenoon.

In the evening, the back and legs are found to be more densely covered with the eruption than on any previous day, with itching on going to bed.

30th.—Weakness of the legs when going up and down stairs.

He has had a dull, aching pain in the anterior portion of both lungs, which has harassed him day and night, for the last five days; it was accompanied with some headache and pain in the stomach, also with belching of wind.

During the proving of this medicine, the following symptoms were quite frequent:

Flat taste in the mouth, on rising in the morning.

Great desire to pick the nose.

Epistaxis from picking the nose.

The headache mentioned in the above proving of *Rumex Crispus* is increased by motion.

The proving made since the 27th of December, is from the tincture.

Curative action.—According to Dr. H., *Rumex Crispus* has relieved one very obstinate case of constipation in a lady, and removed her cutaneous eruptions.

PROVING OF RUMEX CRISPUS.

BY E. M. K., M.D., OF NEW YORK.

THE tincture and dilutions employed by Dr. K., were made from the expressed juice of the *root* alone, like the dilutions employed by Dr. Joslin, in the proving heretofore published. The mother tincture (*Rumex*^o), as in that case, consisted of equal parts of alcohol and the expressed juice of the *root*. The prover was twenty six years of age; complexion light. He never took pepper, spices, coffee, nor distilled nor fermented liquors. He had no disease, and was aware of no predisposition to the symptoms experienced during the proving.

1852, March 30th.—Put one drop of the mother tincture into a tumbler half full of water, and took a tablespoonful of it on retiring for the night.

31st.—Repeated the dose on rising.

Two hours after breakfast, felt as though his food had not digested. Temper more irritable than usual.

Repeated the dose at half-past five, P. M.

April 1st.—Repeated the dose on rising.

Like feelings again after breakfast.

In the evening, great lassitude and uneasiness, with stagnation of ideas.

Indifference to surrounding persons and things.

Repeated the dose on retiring.

2d.—Repeated the dose at 9 A. M., and took the last on retiring.

At 10 A. M., slight, dull pain in frontal region, with indisposition to thought.

At 12 M., great irritability of temper; muscular pain in thighs and legs, slightly increased on pressure.

At 2 P. M., on these two consecutive days, the voice suddenly rose several notes in pitch, and so continued for about half an hour.

Voice sounded at 4 P. M., as though he had a cold in his head.

At half-past seven, P. M., was very thirsty, though this is unusual to him. Great lassitude and weariness, with somnolency.

Is shifting his position constantly. His legs feel tired, though he has done but little walking to-day.

Tenderness in the feet, with extreme sensitiveness and shooting pains in corns. Dull, transient pain in teeth.

April 3d.—Some coryza, and obstruction of voice.

Rheumatic pains in legs, dull, aching pain in them all day long.

4th.—A slight coryza; and slight rheumatic pain in afternoon, particularly in right leg.

5th.—Dull, heavy feeling in head during the evening. Less appetite than usual.

After retiring late at night, had lancinating pains in lower jaw, at root of left canine tooth; and slight headache.

6th.—In afternoon, urine less copious than usual, red and turbid, with a flocculent deposit and oily surface.

Thirsty during evening.

7th.—Brick-dust sediment in urine, very marked and heavy.

8th.—Slept very uneasily; many kinds of absurd dreams; constant magnifying of trifles, disturbed him. Woke up feverish, having frontal headache, dull and constant heat of skin and increase in fulness and frequency of pulse, followed by sensation of cold, yet not a regular chill; tongue coated white.

Slight nausea while dressing in the morning, and vertigo compelling to lie down again. Throat sore, with feeling of lumps in it when swallowing. Thick, yellow secretion from posterior nares. Great paleness of face while standing.

Fasted all day until evening, feeling empty and sunken, but without appetite.

Suffered considerably from pain in back in afternoon and evening.

Pains, rheumatic, in anterior surface of both tibiæ in the evening.

9th.—Slept well. Awoke in a perspiration, free from pain, save in the right shoulder; the pain in the shoulder was ameliorated by rest. It passed off in two hours.

Fæces black. Appetite good. On retiring at night, first became aware of the protrusion of a small hemorrhoidal tumor.

April 10th.—Fæces have become normally yellow.

Troubled much all day, in all postures, by hemorrhoid. Sensation of heat and irritation about the anus, with sensation as of a foreign body there.

Itching of prepuce.

12th.—Hemorrhoidal tumor still exists, but is slight. Itching of anus. Slight frontal headache, increased by motion. Frequency of heart's action greatly increased by going up stairs.

13th.—Appetite much increased—feels hungry even after a full meal. Irritability and restlessness. Momentary sharp pain in right side of chest. Itching of prepuce. [Sleepiness in afternoon and evening after eating heartily.]

15th.—Great itching of anus.

A small vesicle, like a blister on inside of lower lip, just beneath the left angle of mouth.

From this date he noticed nothing more which he considered referable to the effects of the Rumex. The whole one drop of the alcoholic tincture, was taken, and its effects noted during a period of 17 days. The maximum effect seemed to be produced after the lapse of 8 or 10 days from the commencement.

SECOND PROVING OF RUMEX CRISPUS.

BY DR. E. M. K.

JUNE 1st, 1852.—Put one drop of the *third dilution* in half a glassful of water, and took a teaspoonful morning and evening.

No symptoms to-day, save a heavy feeling in head during the evening.

2d.—Woke with a bitter taste in the mouth.

Took another dose at 7 A.M.

Voice changed, at 11 A.M., into a nasal tone, for a short time only.

Another dose at 3½ P.M.

3d.—Repeated the dose at 7 A.M., and 6½ P.M., and 11 P.M.

A very warm day. Felt languid and weary.

June 4th.—Dose at 7 A.M.; 3 and 11 P.M.

5th.—Dose at 5 A.M.

Rheumatic pains in tibia anteriorly.

Dose at 10 P.M.

6th.—Dose at 8 A.M., and 12 M.

7th.—Dull pains in stomach. Coryza with yellow expectoration from posterior nares.

8th.—At midnight, took six pellets of *sixth potency*.

9th.—Took the same dose at 9 A.M.

Irritability of temper.

During evening had feeling of soreness and excoriation, with redness of end of prepuce.

10th.—All the morning, had feeling of rawness in upper part of throat, with secretion of phlegm.

Same dose at 1 P.M.

Still the soreness of prepuce, with increased redness and itching.

At 7½ P.M., slight frontal headache, with shooting pains.

11th.—Dose at 11 A.M.

Redness and soreness of prepuce, worse in evening and early morning.

12th.—Itching of prepuce. Slight frontal headache. Tendency to phimosis.

13th.—Dose at 3 A.M.

Epistaxis. Tenderness of feet. Scanty fæces.

THIRD PROVING OF RUMEX CRISPUS.

SEPT. 20th, 1852.—7 P.M. took Rumex, sixth potency, 6 globules.

21st.—Dose again at 8 A.M.

In afternoon, feeling of weariness, aching of bones of lower extremities.

Dose at 10 P.M.

22d.—Rose in the morning, with bad taste in mouth, and slight feeling of oppression in head.

Dose at 9½ P.M.

22d to 26th.—The sixth of *Rumex* repeated daily.

26th.—A slight coryza.

27th.—Dose at 9 A.M. Slight nausea.

At 11 A.M. took another dose.

Oct. 4th.—At 4 A.M. had a slight liquid motion from bowels, the desire therefor being very urgent, and waking him from sleep,

For several nights, eyes have felt somewhat sore, as if the eyelids were inflamed and dry, particularly in evening, though no external signs of inflammation manifest themselves.

Dr. K. remarks in closing, that this plant appears to exert its action especially upon the mucous membranes, as is shown by the coryza and secretion of the posterior nares, by the hemorrhoidal tumors, and by the irritable prepuce, as well as by the change of voice—which last symptom occurs on three distinct occasions.

Curative Action.—Dr. K. has cured one case of pain in the left chest, by means of *Rumex*³.

ON THE USE OF VALERIANA OFFICINALIS IN CERTAIN FORMS OF NERVOUS DISEASE.

BY J. H. MARSDEN A.M., M.D.

JUDGING from the entire absence of clinical observation upon the use of this drug, in *Jahr's Manual*, we would infer that it has not been very frequently used in Homœopathic practice. Without laying claim to anything like an extended experience in its therapeutical employment, I am nevertheless inclined to believe it to be highly useful in certain forms of nervous disease. I have not been able, as yet, to satisfy myself of the exact limits of its sphere of curative action, but will venture to detail several cases in which I have used it apparently with much benefit. No notes were taken at the time, of the cases here given, but my remembrance of the leading facts is so distinct, that, so far as related, they may be depended upon as being correct. The dates are made out by a reference to my business register and day book.

CASE 1.—On the 5th of January, 1853, I called, at the request of her husband, to see Mrs. C., of the village of B—, ætat. 24, having one child, then 9 months old. She is of low stature, with

dark hair and eyes and of florid complexion. The patient, so far as I could learn, had generally enjoyed good health since the birth of her child, although her labor had been somewhat tedious. I found her at the above date with the following symptoms. She complained of severe neuralgic pains darting along the arms, in the shoulders, and especially in the face. As she sat upon her chair, she constantly altered her position every few seconds, as if by a convulsive movement. The arms and lower limbs, although capable of executing the ordinary voluntary motions, when left at rest were subject to violent convulsive twitchings and involuntary action. The same was true of the muscles of the face. Her intellect was very confused, and her replies to my questions unsatisfactory and often incoherent. The lips were encrusted and the tongue covered with a dirty-looking, slimy coating. The pulse was, at this time, so nearly as I can remember, almost, if not altogether, normal. I could discover no tenderness by pressure upon the spinal column. She spoke of having taken a bad cold in consequence of her recently moving into a new house, and getting her feet wet in the operation of cleaning it. I prescribed *Nux vom.* to be taken twice or thrice daily.

Jan'y 8th.—Again called to see Mrs. C. I found her much worse than at my former visit. She had now taken her bed. The convulsive movements of her limbs had become much more violent. Her pulse was somewhat full and accelerated—skin preternaturally but not excessively warm and dry—the expression of the eye was peculiarly wild, and the countenance bore that sombre aspect so frequently met with in young subjects, in the early stage of typhoid fever. *Aconite* and *Belladonna* in alternate doses were prescribed: I do not now remember the interval.

Jan'y 12th.—Seven o'clock, P. M. A messenger arrived at my house requesting me to accompany him to visit Mrs. C., stating that her "convulsions" had been so violent during the afternoon that it required two persons to keep her in bed. He could give no further particulars. I had just returned home, completely exhausted, having been in the saddle from five o'clock in the morning, exposed to a severe storm of rain and snow, and the roads in the most wretched condition possible. The distance to the residence of my patient was seven or eight miles, and the cold, at the clearing up, had now become intense. I, therefore, proposed to send a change of medicine, and call as early as possible next morning. I

thought of Stramonium and Valeriana, but not being in good condition to make nice discriminations, I sent both in alcoholic dilution, and with directions to administer the remedies alternately one drop every hour, and if amendment should set in, to lengthen the interval immediately to two or three hours. As early as I could next morning, I redeemed my promise, and was informed by the husband that the medicine had arrived about nine o'clock, P. M., and had been given according to my directions, till about three in the morning, by which time the convulsive movements had in a great measure ceased, and the patient had shortly afterwards fallen asleep. I found her in a comatose condition; the teeth covered with sordes, and the tongue loaded with a brown viscid coating. I directed the medicines to be continued at lengthened intervals, until my next visit to be made the following day. It was at or about this time, I discovered a gangrenous spot about the size of a shilling piece, in front of the right forearm, and about three or four inches above the wrist joint. The whole forearm had a somewhat livid appearance, and I had serious apprehensions of still further mischief. A poultice was applied, and the gangrenous portion sloughed out, the resulting ulcer healing readily under simple water-dressing.

Next day, Jan'y 13th, I found the patient still comatose. It was impossible to arouse her so as to appreciate her circumstances, or to answer questions in a rational manner. I left Opium, to be given at stated intervals, until she should become more wakeful. When I repeated my visit next day, I learned that in two or three hours after I had left, she awoke and was found to be fully sensible. From this time onward she recovered rapidly, till she regained her usual health. On the 18th of the following July, she gave birth to her second, apparently at full term, but the child was feeble and died of an affection of the bowels early in the autumn.

In the foregoing case, having given two remedies in alternation, I could not of course, positively determine which of them produced the curative effect, or whether it was the result of both acting in concert. The third case, however, which I shall here report, will, I trust, throw light upon this point.

CASE 2.—June 5th, 1853, 4 o'clock, P. M. A messenger arrived at my house stating that Mrs. S., of the village of W., had been attacked that afternoon with extreme difficulty of breathing, but could not give the minute details of her case. This patient had before been under my care. She had been subject to occasional

asthmatic paroxysms in the night, which I had never had an opportunity of seeing myself, but for which I had several times prescribed, from the account given me of her symptoms. These attacks, which were considerably protracted when left to themselves, seemed to yield to *Ipecac.* or *Ars.* The patient was also subject to fits of coughing apparently of a spasmodic nature.

Supposing the present attack to be similar to those I had before treated, and not being able to accompany the messenger, I sent *Ipec.*, to be given at rather short intervals until relief should be obtained.

June 6th.—I reached the patient's residence between the hours of nine and ten o'clock in the morning, having had some other calls to make by the way. To my great disappointment, I found her no better, but according to the opinion of the family, rather worse than when I had heard from her on the preceding afternoon. She had been watching for several nights in succession, for a considerable part of each night, at the bedside of a sick relation in the family, and was in consequence much exhausted. This patient was tall in stature, of fair complexion and had dark hair and eyes. Health usually feeble. The paroxysms of dyspnoea, at this time, came on at very short intervals, I think not more than fifteen or twenty minutes apart. They commenced with a very rapid, convulsive movement of the diaphragm, giving rise to extreme anhelation, somewhat resembling the panting of a dog, when greatly fatigued by running on a hot day. The inspirations became less and less deep, and more and more rapid, until they entirely ceased; when, for a few seconds, she could not be perceived to breathe at all. She then caught her breath by a sobbing effort, and respiration was performed almost normally, till the setting in of the next paroxysm. Her friends informed me she had been in this condition throughout the night, although she had taken the medicine regularly as I had directed. They had begun to feel much alarm for her safety.

I administered *Ars. alb.* as more likely to afford relief than any other remedy I had in my pocket case, but immediately despatched a messenger to my office to bring me a vial of *Valerian*, an article which I had not about me. The distance was six miles, and I rode on in the meanwhile to perform other duties, till the messenger should return.

In the afternoon of the same day, I again called with my patient.

She was still no better; had been taking Ars. at the prescribed intervals without the least benefit. The Valerian had arrived and a dose was immediately administered. It was the first decimal attenuation. I directed one drop to be given every half hour till amendment should manifest itself or the medicine prove to be useless.

On calling the next morning, I was informed that the paroxysms had become less frequent and less severe, by the time she had taken three or four doses, and rapidly declined until at 10 o'clock, P. M., they had altogether left her, for the night. She had indeed no paroxysm after this time of any considerable severity, but being much prostrated, and naturally delicate, she kept her bed for several days.

CASE 3.—Feb. 4th, 1854. Called to see Mrs. C., of the village of B., the same person as Case 1. Her husband, with whom I had met on the road, a few days before, told me he feared she was about to have another attack, such as she had had last winter. At the above date, I found her very much as I did when I first saw her in her previous illness. The same fierce neuralgic pains through the arms, side of the face, darting into the teeth and ear of the left side, almost complete sleeplessness, constant jerking of the limbs and twitching of the muscles of the face. The lips were scabbed, the tongue covered with a thick foul coating and lacerated on the sides of the lower surface, by its violent motions in contact with the sharp points of broken molar teeth on each side of the lower jaw. The countenance exhibited the same sombre aspect, as before described, and the eyes had a peculiarly restless, wild expression. In conversation, she was disposed to pass rapidly from one subject to another, and often misapprehended questions, however plainly put. The pulse was somewhat accelerated, but the skin retained its normal temperature, at least I could not perceive any alteration. Catamenia had been regular, as she asserted, up to the time of examination. The patient did not keep her bed, but could readily pass from one part of the house to another at pleasure. *Datura stram.* in water, a teaspoonful to be taken every two hours during the day.

Feb. 9th.—Again visited Mrs. C. Unavoidable circumstances had obliged me to postpone my call a day or two later than I intended. She had had medicine, however, till noon-day of the 8th,

and had taken it regularly. I found her, notwithstanding, considerably worse than when I had last seen her; there had been from that time up to the present, a steady increase of all her symptoms. Her pulse had become more frequent, the pains more severe, and the twitchings more violent. She said she was just about to send for me, as she did not know what to do. I ascertained that, during my absence, she had sent for a young practitioner of the village, and prevailed on him to extract a molar tooth of the lower jaw, left side, the crown of which had been broken off, leaving a sharp point which lacerated her tongue. She had also persuaded him to bandage her arm and open a vein, but said the vein did not fill, and very little blood flowed. I inquired if she had taken any medicine, but that which I had left, she declared she had not. I prescribed *Valeriana Officinalis*, three or four drops of the mother tincture, in a tumbler of water, to be taken, a teaspoonful for a dose, once in four hours, and promised to call again on day after to-morrow.

Feb. 11th, 10 o'clock, A. M.—Found my patient much better. Convulsive twitchings less frequent and less violent, and the pains had almost entirely left her. The tongue had commenced cleaning, and the pulse had become almost normal. She told me she had been very wretched the afternoon of the day I had visited her before, and had passed the night sleepless and uncomfortable. She had thought the medicine had made her worse. The following day, however, she began to feel better and had slept the last night four hours quite soundly. She had, when at the worst, complained of a choking sensation in the throat-pit, coming on whenever she seemed about to fall asleep, and causing her to wake up with a sense of impending suffocation. This had entirely left her. Continue *Valeriana Officinalis*.

Feb. 14th.—Called again on Mrs. C. Still improving. Tongue nearly clean; pulse normal; appetite, which had been almost null, returning; convulsive movements still growing less. Continue medicine.

Feb. 17th.—Found Mrs. C. so well as not, in my opinion, to require any further treatment. The twitchings, which had constituted so prominent a symptom, were no longer noticeable, except when the patient was under the influence of excitement. She can now sleep soundly nearly throughout the whole night. Dismissed.

(Continued from p. 688.)

DISEASES PECULIAR TO FEMALES.

BY FREDERIC HUMPHREYS, M.D.

Causes.—Among forty cases of Oophoritis recorded by *Choreau*, in four cases both ovaries were inflamed, in eleven cases the right, and twenty-five cases the left only.

The disease has been observed at all periods of life between the ages of puberty and involution, and the acute form may appear at other times than during pregnancy and lying-in. Its predisposing causes seem to be, mental and moral excitement of a voluptuous character. Those females are especially disposed to this disease, who are given to excesses, and then to sudden abstinence, or when the act is connected with more or less excitement of the sexual system. Old hysterical patients, also, are very liable to it.

The exciting causes are, injuries, contusions, rough handling, during delivery; or it may arise in consequence of uterine injections, remedies used to procure abortion, sexual excitement too soon after lying-in, or suppression of the menses, lochia, or hemorrhoids, chills received at a time when the genital system is in a state of excitement such as menstruation or pregnancy, lying-in, extension of inflammation from other organs, or from the localization of the puerperal dyscrasia, in which case peritonitis, or metritis, is frequently associated with Oophoritis. Sometimes it prevails epidemically.

The *prognosis* depends upon the grade and extent of the disease, the causes which have induced it, and the nature of the fever and complications. Simple, uncomplicated Oophoritis, or that from traumatic causes, is mostly readily controlled, while that arising during lying-in, and in complication with metritis or peritonitis, and the puerperal dyscrasia, is a very formidable disease. *Canstatt* regards the Oophoritis hemorrhagica as the worst form, while *Schonlein* says it is the easiest cured. The chronic form, with hypertrophy and induration, only slowly yields to the most appropriate remedies.

Treatment.—*Aconite* is very generally useful, when there is synochal fever, and considerable nervous and vascular excitement, and may be repeated until the condition is somewhat allayed.

Apis mel. corresponds more than any other remedy to the various forms of ovarian disease. It is especially efficacious in *inflammations*, acute and chronic, of this organ, and in *hypertrophy* and *chronic induration*. It is indicated by *sharp, stinging, cutting pains in the swelled ovary, with scanty urine and retained stool*, or painful soreness of the left ovary, worse when walking, or in the right, with painful bearing down, obliging one to bend forward from a painful contractive feeling in the hypochondria, or feeling of numbness and obtusion in the right iliac fossa, extending to the hip, upward to the floating ribs, and down to the whole right thigh, relieved by lying upon it. Also, for swelling and induration of the ovaria, with pains on stooping, and on beginning to walk.

Cantharidis, especially if in acute inflammation, the pains should be of a *burning* character, and connected with more or less decided urinary derangement, or excessive sexual excitement, almost amounting to nymphomania, or even with delirium.

China, if debilitating losses, excessive venery, or onanism, should have occasioned the disease. Should such causes have exercised an influence for a long time, *Phos. acid* or *Staphysagria* may be more appropriate.

Arsenic is indicated when the patient is very restless, constantly moving about, and when moving the feet, seems to relieve the pain. *Colocynth* meets this symptom, if there are also boring, tensive pains in the region of the ovary, or with spasmodic colicky pains in the abdomen.

Conium is useful in subacute or chronic inflammation of the ovary, especially when induration and enlargement is present, attended with gastric symptoms, nausea, vomiting, eructations of pus or mucus, with lancinating pains and inflation of the abdomen, white slimy or acrid leucorrhœa, with contractive labor-like pains in the iliac region.

Belladonna is indicated in complications with metritis or peritonitis, the pain being of a stabbing nature, the entire abdomen sore, and sensitive to the touch, quick pulse, headache.

Lachesis, if *Belladonna* is indicated, and yet insufficient in the

acute form, or with chronic induration or enlargement of the ovary, or when suppuration has occurred. *Silicia*, in this latter case, with very extensive suppuration, renders a most valuable aid after the use of *Lachesis*.

Platina is indicated for constant voluptuous itching and titillation of the internal sexual organs, attended with complete nymphomania; cramping or burning pain in the ovary, on pressure becoming of a contusive or bruised character; anxiety and oppression of the chest, palpitation of the heart, in paroxysms, with stitches in the forehead, changeable state of mind, alternate weeping and excessive mirthfulness.

OVARIAN DROPSY.

With reference to the *anatomical* character of the disease, *Rokitansky* has distinguished three varieties of encysted ovarian dropsy, all known during life as *Hydrops ovarii*, the last of which, however, partakes more of the character of carcinoma. The *simple encysted* form, in which only single sacs are found, sometimes very numerous, seated together, and spread out side by side, adherent, with thin sero-fibrous walls, and containing a colorless, pale yellow, or greenish and serous, or a thickish, honey-yellow, brownish, tenacious, or chocolate-brown or darkish tint substance; the cysts seldom exceed the size of a man's head in volume, and in some rare instances seem to have been developed from the Graafian vesicles. In the *compound encysted* variety, the new cysts are either developed within the cavity of the older or larger ones, thus forming successive cavities one within the other, or a smaller cyst is formed, upon the internal surface of which another is formed, within whose cavity new cysts are again produced. These cysts are wonderfully susceptible of growth, and make up the entire volume of the ovarian dropsy. The cysts often communicate with each other. The contents of the separate cells are as various as in the simple variety; the walls are often considerably thickened, but with considerable distension of the sac, may become exceedingly attenuated. These cysts also frequently spring fundamentally from Graafian follicles, or they may be a new formation. A third variety, which *Rokitansky* has designated as *Alveolar Hydrops*, which is always found in connexion with some of the more

grave cachexies, or even with cancer of other organs, with degeneration of the stomach or the peritoneum, or with osteomalacia, is, indeed, according to *Cruveilhier* as well as *Rokitansky*, of a cancerous nature, or is alveolar cancer. The degeneration consists of an aggregation of numerous enclosed fibrous sacs, whose contents vary, but mostly contain a glutinous substance, and whose size constantly diminishes from the circumference of the mass towards its centre, so that at last it consists of a compressed, honey-like alveolar mass, whose follicles consist of a whitish, glossy, fibrous tissue, and contain a colorless or grayish, yellowish, yellowish-green, or reddish, very tenacious jelly. It is in fact an alveolar cancer, whose peripheric follicles have been developed to a great size, and which, indeed, are susceptible of attaining an astonishing volume. In this case, as in the compound encysted variety, some of the peripheric follicles attain great size, and become the seat of hydropic accumulations. The swelling often attains a considerable volume, and not unfrequently fills the entire abdominal cavity. The mass may be either free and movable, or adhesions may have taken place with the neighboring organs—the uterus, the bladder, the rectum, or even the liver.

In a practical point of view, it is important to distinguish the *simple* ovarian encysted dropsy from the *compound*. The first consists of single sacs, filled with fluid, without internal partitions; and when the sac is opened, its contents are perfectly discharged; these single sacs may be developed from the external surface of the ovary, to which they are attached by a simple stem, or they may consist of an unusual distension of Graafian vesicles. The compound variety has been sufficiently described above.

The cysts frequently become the seat of inflammation, and its results are seen in the cadava.

While the ovary remains only moderately enlarged, it retains its place within the pelvic cavity, or the uterus may become compressed downwards, or dislocated on one side, or may be confined by adhesions, when considerable pressure has occurred; but when it has attained a certain volume, it mounts upward into the abdominal cavity, where it remains free and movable so long as adhesion with neighboring tissues does not occur, or it does not become fixed from its size.

The more constant results afforded by chemical analysis of the

contents of ovarian cysts, by *Fontanelle*, *Bright*, *Rus*, have given as essential ingredients, gelatine, albumen, traces of fat, chalk and natron.

The quantity of fluid varies much; sometimes it has been known to amount to 100 pints. In 59 cases, the right ovary was the seat of the encysted formation 31 times, the left 23, and in 5, both were the seat of the disease. In some cases, one ovary may be the seat of hydropic accumulation, and the other of cancerous degeneration, or become changed to a mere sac, containing hair, fat, or other heterogeneous substances.

Symptoms.—The symptoms of ovarian dropsy may be considered under the head of local and general. The local appearances embrace the swelling manifested in the region of the ovary, the unusual or painful sensations in that region, the more or less sensible fluctuation, the change of position exhibited from a vaginal exploration, and the menstrual derangements. The swelling of the ovary is usually not known until the enlargement has attained a considerable size, and passed from the pelvis into the abdominal cavity; and only a swelling of some considerable extent will occasion symptoms sufficient to excite attention, from pressure upon the neighboring organs. We usually find the swelling only in one iliac fossa, more frequently the left than right. The swelling increases from below upward, and is movable when it has just emerged from the pelvis, but as it increases in volume, it is less and less movable from side to side, until it becomes comparatively fixed. The swelling at the commencement is well defined, round, painless, slightly elastic, movable, and while it remains small and contained within the pelvic cavity, may be better explored through the rectum, than by external examination. We can sometimes distinctly feel that the swelling is outside of the uterus, and that it does not partake in the movement which may be produced in the uterus, by means of the finger introduced into the vagina. With an increase of the growth, the form of the abdomen becomes changed, distended more and more on the diseased side, often attaining an immense size. Frequently the external surface of the swelling becomes uneven, bumpy, on some places hard and firm, and in others more soft and yielding. *Fluctuation* is more or less clearly manifest, the least so when albuminous or gelatinous matter is contained in the cysts. Often the fluctuation

is more distinctly perceived through the rectum or vagina, than otherwise. When the patient assumes a horizontal posture, the swelling does not sink, as in ascites, into the hypogastric, or the lumbar region is not distended, but retains its normal appearance. On *percussion*, the symptoms of fluid will be manifest, on the highest points of the swelling at which it remains unchanged, while the large intestines are compressed to the opposite side and downward, manifesting their position by a tympanitic sound.

Pain is sometimes entirely absent, and the pains are generally inconsiderable, and consist only of a feeling of pressure, heaviness, and tension in the iliac and pelvic regions, sometimes alternating with penetrating stitches. Oftentimes the patient complains of violent pains in the loins. From rapid movements they sometimes experience a sensation as if a ball fell over from one side to the other, and usually cannot lay on the sound side.

The results of an examination per vaginam differ in various cases, depending on the direction of the pressure, or tension experienced from the ovarian swelling. If the pressure is exerted from above downwards upon the uterus, a prolapsus is readily occasioned, if the pressure is from one side, the fundus of the uterus will be forced to the opposite side, and its neck will be found standing obliquely, and its mouth turned to the diseased side. As the ovary mounts upward into the abdominal cavity, it draws the uterus upward, the vagina becomes elongated and the vaginal portion of the uterus can scarcely be reached with the finger. Sometimes we can readily perceive through the walls of the vagina, the distended ovary as a bunched, round body, either situated immovably upon the superior strait of the pelvis, or even pressing down upon the vaginal walls.*

The *catamenia* at the commencement of the disease either flow very copiously, or they appear irregularly, or are too frequent; when the swelling is more advanced they are usually entirely suppressed.

* It is usually not very difficult to discover a diseased ovary from a vaginal exploration. The patient should assume the horizontal posture upon the back, and so bring forward the upper portion of the body and flex the thighs, as to relax the abdominal muscles to the greatest extent. The swelling should then be pressed downward into the pelvis with as much force as the patient can well bear, when the swelling will be readily perceived by the touch, unless the finger is unusually short, or the swelling so large as to forbid its descent into the pelvis.

According to *Seymour* the menses are entirely suppressed if both ovaries are affected. This remark is, however, contradicted by *Copeland*, in relation to the first stage, though, he admits it to be perfectly correct in reference to the last stage and in chronic cases. Some have even observed menstruation to continue quite regularly during the entire course of the disease. In such cases, abortions are very common; yet there are examples, where pregnancy has even reached its normal termination.

Consensual Phenomena.—The patient usually experiences a drawing, rending pain, or a feeling of numbness in the thigh of the affected side, the movement of which is also, at times difficult, and it is often œdematously swelled. Pains often of a labor-like character extend to the loins. Swelling of the breast according *Canstatt* is seldom present, although *Copeland* observes the contrary. Very frequently there is connected with the local symptoms, especially at the time when the menses should appear, a series of hysterical phenomena, similar to globus hystericus, which affects the stomach, exciting vomiting and inclination to vomit, and other hysterical symptoms. Most of such patients are from time to time affected with fluor albus.

The general health of the patient is usually but slightly affected or even remains undisturbed, so long as the morbid accumulation of fluid does not mechanically disturb the functions of the abdominal viscera. From the pressure of the swelling upon the colon and rectum an obstinate constipation is occasioned, often connected with an accumulation of flatus in the abdomen; from pressure upon the bladder there is frequent urging to urine, or the discharge is entirely arrested, or there is involuntary discharge; from pressure upon the abdominal veins there is swelling of the hemorrhoidal veins. Where there is considerable swelling, the upward pressure of the diaphragm, occasions oppressed breathing, palpitation of the heart, anxiety, and fainting. The pressure of the swelling upon the abdominal aorta appears to be the cause of an intermitting sound similar to the placental murmur, which may be sometimes heard by applying the ear to the abdomen.

General dropsical symptoms are often entirely wanting; sometimes only the foot, leg, and labia of the affected side are swelled, and often the urinary secretion is undiminished. Oftentimes the urine is

brown or reddish, and is albuminous. From the long continuance of the disease the patient becomes emaciated, the countenance becomes pale and chlorotic, as in other diseases of the sexual system.

The development and increase of the dropsy always proceeds very slowly ; the swelling may remain stationary for a long time, and then increase very rapidly. In other cases the growth is very uniform, and it has been observed to be more rapid in young persons from 20 to 30 years of age, and slower in older patients, those who have attained the age of 40 and upwards.

- Ovarian dropsy may terminate favorably when the swelling opens and its contents are discharged through the Fallopian tubes into the uterus, or when adhesions have taken place with the vagina and the fluid discharged into this canal, or where adhesions have occurred with the abdominal parietes, and the fluid is discharged through them. Attachments may also form between the sac and the colon or the bladder, and the contents of the ovarian swelling be discharged with the stools, or urine, or by vomiting. The alleviation, however, is usually only temporary, and sooner or later the water collects again. The discharge of fluid through the Fallopian tubes, the uterus, and vagina, which some pathologists consider a recuperative effort of the system, may be frequently repeated. Whether the natural action of the kidneys, the skin, and rectum, is sufficient to effect a cure of ovarian dropsy is somewhat problematical ; and it may be that the facts upon which such a supposition is based, have been founded in diagnostic error.

The disease ends fatally, when the accumulated fluid, instead of being discharged externally, from an extraordinary thinness of the sac, or from some external violence, opens internally, and the contents are discharged into the abdominal cavity ; and whether in some rare cases the exuded fluid may yet be absorbed or be discharged by the operation of paracentesis, yet requires confirmation.

Not unfrequently, in consequence of the enormous distension of the peritoneum from the increasing swelling or its irritation, a peritonitis is excited which may terminate fatally ; or this termination may result slowly from accession of ascites, or from exhaustion through hectic fever.

Ovarian dropsy may be complicated with ascites, with pregnancy,

or with scirrhus degeneration of the remaining ovary, and the diagnosis from which becomes very difficult.

Diagnosis.—While the ovarian swelling has only attained a relative small increase of size, and is yet retained within the pelvic cavity, a positive diagnosis is scarcely possible, and the more so, as at this stage other morbid phenomena are wanting. And it is also as difficult to ascertain whether the ovarian dropsy is simple and uncomplicated, or whether at the same time a cancerous degeneration does not exist. It is sometimes possible to make an explorative paracentesis with a view of ascertaining the nature of the swelling more clearly, from the character of the discharged fluid.

The characteristics by which Hydrops ovarii may be distinguished from *diffuse ascites* have been already sufficiently indicated. Besides ascites diffusus this disease may be mistaken for *pregnancy*, on account of the increasing swelling of the abdomen from below, upwards, or with *psoas abscess* on account of the pain, the obstructed movement, and the oedematous swelling of one thigh, or finally with disorganizations of some of the abdominal viscera, which may be mistaken for diseased ovaria.

The circumstances which serve to secure the diagnosis of ovarian dropsy from *pregnancy* are, the course of the disease from the beginning, the circumstance that in hydrops ovarii notwithstanding a considerable enlargement, the menses continue to return, the swelling being more on one side, and the continuance of the affection more than nine months, the absence of the swelling of the breasts, the movements of the foetus, the stethoscopic signs of pregnancy; the knowledge afforded from a vaginal exploration from which the mouth of the uterus will be found unchanged, the vaginal portion not so much shortened as in pregnancy, and the body of the uterus movable and empty. Yet, notwithstanding, these characteristic indications, the one is sufficiently often mistaken for the other, to put the physician upon his guard, and it is perhaps the more prudent policy to waive a positive expression of opinion until some positive symptom, such as the sound of the foetal circulation, or the duration of the disease, render doubt impossible.

Ovarian dropsy is distinguished from *Hydrometra* by the swelling in the latter case beginning immediately over the os pubis in the mesial line, and from thence mounting up towards the navel, that

the fluctuation is more clearly perceived from the vagina, and that the menses are always suppressed. The distinction from *psoas abscess* is easy from both the external and internal appearances; with ovarian dropsy there are hydropic phenomena, and in the other case symptoms of hectic fever.

Causes.—Hydrops ovarii never appears before puberty; and ovarian swellings in the earlier periods of life are apparently of a carcinomatous nature. This form of the disease is not rare in the period of maturity, and has been observed at the 13th or 14th year of life. Ovarian dropsy most frequently forms a short time before or after cessation of menstruation in married females; but young girls are by no means exempt from it. It has been so frequently observed to recur in the same family as to have induced a belief of its hereditary character.

Among the exciting causes, are frequent excitement of the sexual system without entire satisfaction, exhaustion of the sexual organs from many or frequent labors, or abortions, external injuries, inflammation of the ovaria, serofulous diathesis, rough management in the removal of the placenta, chills during the menses, and especially under constriction of the body from narrow and tight lacing. *Meissner* states most ovarian dropsies receive their first tendency to development, during lying-in, and when for an undue season after the birth of the child, the uterus and its appendages, remain in a congested or a subinflammatory condition, leaving a residuum behind, which finally develops the disease. Ovarian dropsy does not include the possibility of pregnancy.

Prognosis.—Ovarian dropsy is a disease which affords in general but little prospect of a radical cure; indeed, we are usually satisfied, when we are able to hold the disease in check, and to prevent a growth of the morbid product. This result, indeed, frequently happens, and there are numerous examples on record, where females, notwithstanding the existence of this disease, in various grades have lived for 6, 8, or even 10 years. The prognosis hence depends upon the slower or more rapid growth of the swelling, the constitution and strength of the patient, the relation of the general organism to the local degeneration, and the condition of the digestions and secretions. The accession of fever, painfulness of the abdomen, diminution of urine, accession of ascites, derangement of

digestion, failure of strength, emaciation, &c., are in general symptoms of sad indication.*

Medical Treatment.—The remedies believed to have the best influence in the treatment of this difficulty are: *Apis Melifica*, *Ars.*, *Bell.*, *China*, *Conium*, *Helleborus Nig.*, *Ignatia*, *Pulsatilla*, *Rhus Tox.*, and *Sulphur*.

Apis Mel.—This remedy is indicated when, in addition to the ovarian difficulty, there is burning heat of the skin, with stinging sensation, derangement of the urinary organs, and burning sensation during emission of urine.

Arsenicum is indicated in persons of a scrofulous habit; when the ovarian dropsy is attended with great prostration and emaciation, convulsions and epileptic fits, or frequent spasms.

Belladonna is useful in the treatment of this difficulty, when there is much derangement of the nervous system, congestion to the head, convulsions, spasms and neuralgia, swelling, and pains in the breasts.

China may be employed usefully in the difficulty, when there is swelling of the limbs, or inaction of the stomach, liver, and bowels; debility, with disposition to sweat, or great sensitiveness to the touch; flatulent colic, with nausea and thirst; dull, stupid feeling in the head, as from debility, or painful weariness of the limbs.

Conium may be employed when the difficulty is complicated with tubercular difficulties, especially in females somewhat advanced in life, and also where there is a tendency to paralysis.

Helleborus Nig. is useful in the complaint, when there are affections of the head and nervous system, or when the difficulty is from suppressed eruptions.

Ignatia is suitable in hysterical subjects, when the difficulty has been brought on or aggravated by fright or grief, and also when there is great excitability of the nervous system.

Pulsatilla is especially adapted to females of mild disposition, when the difficulty has followed suppression of the menses, or repercussion of measles, and when there is dizziness, as if intoxicated. It is especially useful in the incipient stage, if there are uterine spasms resembling labor pains, &c.

Rhus Tox. is well suited to the difficulty, when attended with erysipelous semilateral complaints, partial paralysis, or stiffness of portions of the body, or general rheumatic disease.

Sulphur will prove useful in the treatment of the difficulty, when attended with burning and painful leucorrhœa, violent and long-continued, and when there is any evidence of suppressed eruptions.

In many cases the most judicious remedial means can only afford partial relief, and the ovarian tumors will continue to increase, until a resort to surgical means for relief becomes absolutely indispensable.

ON THE VITAL PRINCIPLE.

FROM DR. CURIÉS'S CLINICAL LECTURES ON HOMŒOPATHY.

AN organism or body forming a perfect mechanism; an imponderous principle, putting the organism into action; both regulated by a third power, of divine essence, exhibit to us, *Man*, placed* in the highest degree of the scale of beings.

What is life? A collection of phenomena produced by an active organization.

The imponderous and motive principle, without which the organism is lifeless, is the first which will attract our attention.

We recognise, generally, at the present day, a power to which we can assign, as its principal features, to withdraw the bodies which it animates from the absolute sway of chemical affinities, to which they would have so much tendency to yield, by reason of the number of their elements, to maintain their temperature at a degree nearly equal, whatever might otherwise be that of the atmosphere, to preserve the aggregation of their constituent particles, and to attract others, which assimilate themselves to the organs which it endows with life, replacing those which the daily waste occasions.

All the phenomena which the inspection of the human body presents, might be adduced in proof of the principle which animates it. The change of the food by the digestive organs; the absorption of

* We shall limit ourselves in stating the proofs of this power, and not occupy ourselves further respecting it,—the regulatory principle not being within the province of medicine.

the nutritious part performed by the chyloferous vessels ; the circulation of nourishing juices in the sanguiferous system ; the changes which it undergoes in passing through the lungs and secretory glands ; its assimilation ; the faculty of perceiving the presence of external objects ; and the power of approaching or of avoiding them ; the production of the species : in a word, all the functions which are performed in the animal economy, and which disappear at the moment when the vital principle, exhausted either prematurely or at a destined and natural period, leaves man a corpse.*

The name of *vital principle* is given to this power, which could be as well designated by the term—*moving principle*.

Thus we acknowledge that the *vital principle*, or *vital force*, or *moving principle*, is an individuality destined to establish the functions, to preserve the harmony of them, and to direct them to one common end—the preservation of individuals and of the species.

What is health ? Order and regularity in the development of the phenomena produced by a given organization.

What is disease ? Disorder and irregularity in the development of the same phenomena, produced by an organization, or, as the learned Professor Broussais has expressed it, “an excitement of the vital action and of the organic powers.”

If we admit (as we must generally do) that all the phenomena resulting from organic actions constituting life are roused by a power acting incessantly on the organism, it would be illogical not to admit that the rising of the same actions and of the same phenomena constituting the disease is ruled by the same power which directs the vital powers in a state of health ; if, then, the morbid state be only a revolt of the vital or moving principle, exciting the organism to act more strongly against the morbid cause, can the physician do better than listen with attention to the vital power expressing itself by the voice of the symptoms, and send it an aid, which, acting in co-operation with it, strengthens it, and prevents it being exhausted by efforts which always diminish its duration ?

* The limit of these lectures does not allow us to give more explanations ; but we refer our readers to a physiological work which we shall shortly publish, where we shall more readily prove, by facts, the correctness of our ideas.

ON REMEDIES.

As we have said in the first lecture, every remedy, whether mineral, vegetable, or animal, is composed of two principles,—one material, the other essential or imponderable. It is the essential principle of the remedy which, after having been developed by long-continued trituration and shaking, fulfils, with respect to the organic action, a part identical with that of the preserving power of life; from which we must conclude that the two principles are identical, since they possess the power of controlling the acts of the living chemistry. It is the material principle that causes each remedy to differ in its action as well as in its appearance. Each possesses peculiar properties and affinities, for which reason no one composing remedy can be substituted for another.

We find in these two forces which form the remedy the explanation of the two modes of action which cause it to produce in the healthy organism the same phenomena which it has the power to cure when administered in disease.

If we wish to try a remedy on a healthy man, we must be careful to choose the first doses which we administer in the quantity of *one* grain, or *one* drop, from amongst the lowest dilutions; that is to say, from the 1st to the 3d or 4th. The action once well established, we must make use of higher dilutions, to serve, in fortifying the vital reaction, to develop the symptoms which characterize the remedy.

The lower dilutions place the organism under the influence of the material particles of the remedy, which, having as yet undergone but a slight separation, exist in all their activity. They produce different symptoms, of which the resemblance to these, in which we recognise the disorder of such or such organs when under the influence of a morbid cause unknown, leads us to conclude it to be identical with it. On this account, we are compelled to acknowledge the identity of the action of the material principle of aconite with the causes producing acute inflammation of the internal organs,* rheumatism, hæmoptysis, and symptoms of incipient pleu-

* It is this which has caused it to be said that this remedy could be substituted for bloodletting. Here is the source of a great many errors. Bleeding appears

ris, of pneumonia, of measles, of the miliary fever, and of a great number of fevers called inflammatory.

If you have learnt to distinguish diseases properly, both by their symptoms during life, and by the organic injuries which they leave after death, you can readily assist the action of the material principle of a medicinal substance tried on a healthy man, by the comparison you will make of the two symptomatologies.

We now proceed to explain the action of the substance, whether it be mineral, vegetable, or animal, becoming truly remedial or healing.

The remedy prepared by trituration and by shaking, coming in contact with the tongue or nostrils, runs rapidly through the organism, to convey and fix its double action on the organs with which its matter agrees in affinity,—where its essential principle, identical in its action, as well as in its nature, with that of the vital principle, unites with it to rouse and strengthen the vital action, whilst its material principle, forming, with the morbid cause, a new combination, withdraws it, by its power of action, from the organism struggling against it. This explains to us the aggravation of the symptoms as soon as the homœopathic remedy is taken, followed by an improvement so speedy, when the remedy has been well-chosen, that it always excites astonishment, however accustomed one may have been to the effect of remedies.

The search for a remedy presents the greatest difficulty to one who is not perfectly acquainted with the double symptomatology of the disease and of the medicament. To acquire this double science, it will be well thoroughly to consider the different irregular states as follows.

We shall picture to ourselves a given disease, grouping around its characteristic symptoms those less essential, which might escape the memory, and taking care to give a particular account of the moral state which accompanies each stage of the disorder.

Opposed to this we shall place the different medicines, the distinguishing features of which resemble those of the disease, by

to us, at all times and in all circumstances, quite contrary to the beneficial efforts of nature, as it aids the cause of the evil, and for this reason should be placed without the pale of the therapeutic law.

forming again in each the same picture which the morbid state represents.

In making this comparison, we shall take special care to observe the moral state produced by the medicine, these symptoms serving to distinguish one from another.

As to the indication for practice, we have already said sufficient respecting it in our first lecture. (See No. I. Annals, page 5, Choice of the Medicaments.)

The unhealthy state may present different degrees of intensity.

There are cases in which the morbid principle acts so slightly on the organism, that the action of the vital principle is sufficient of itself to restore order; but it is to be presumed that vitality will expend in an hour the existence of many days, which it is useless to lose when it can be avoided; and in this case we think it preferable not to leave the vital principle to fight its own battle, but to send it salutary aid by means of medicine. Thus, a single dose, well adapted, is sufficient to re-establish health.

It is more prudent to act in this manner, as it sometimes happens that the morbid cause, which at first aroused but few symptoms, and might be considered of no consequence, suddenly seizes the organism with so much violence, that the vital power can hardly sustain the shock. With truth we may say, that in these circumstances, it is quickly exhausted, and death is almost instantaneous, if we do not promptly bring in the aid of medicine, repeating the doses as often as the exhaustion of its action requires; and this action exhausts itself the more readily as the unknown morbid cause is more powerful.

We must then give the medicine dissolved in three or four spoonfuls of water, making the patient take a spoonful every quarter of an hour, every half hour, or every hour, as may be deemed advisable.

It is worthy of remark here, that it is of consequence in acute diseases not to give a second dose of medicine, or of another medicine, before the action of the preceding one has ceased, in order to judge correctly of the existing evils.

It is not uncommon to perceive, as a consequence of these acute diseases, when, by an unskilful method of treatment, we have succeeded in subduing the cause of the evil, that, without entirely

eradicating it from the organism, the disease passes into a chronic state; then, the morbid cause, secretly undermining the organ on which it has fixed its action, maintains an organic struggle, which, being sometimes less perceptible, is no less dangerous on that account. In this case, if we use only one medicine, it would not be sufficient for the cure; it is not till after a series of remedies, adapted to the succession of the vital curative process, that we see the disease gradually yield.

We cannot lay down any fixed rule either for a repetition or change of remedy, as we must act according to the necessity there may be of increasing or diminishing this or that organic action.

In the mean time, experience prompts us to recommend you to listen to the advice which follows; but, we repeat, it is by practical and not theoretical study that we shall most surely reach the fountain-head of truth.

A week after the administration of a medicine, one of two things will be manifest: there will or will not be a change in the state of the patient; if a change, it may be for better or worse. In the first case, the medicine acts salutarily, and we must wait to see how far this improvement will extend; for it sometimes happens, when the disease is not too deeply rooted, that we see it, after one dose of an appropriate medicine, completely cured, especially when we have not administered the remedy in strong doses. If the amendment is checked, and the group of symptoms continues the same, the first medicine is repeated and continued so long as any advantage is gained by it. In the second case, the state of the disease is aggravated; that is, the symptoms become more intense, without changing their character. We must then wait for the curative reaction, unless the aggravation should in the mean time be too strong or of too long duration, which will prove that the dose has been too strong, and will require the proper antidote to be administered. An amendment will subsequently follow; and when it ceases, we give, according to the symptoms that remain, either the first medicine in smaller doses, or another better adapted to the occasion. If the state of the patient has not changed, though the medicine may have been well selected, we must subject the patient every other day to an electric course, for as long a time as may be deemed requisite; after which, the same medicine must be given him.

There are three modes of administering medicines,—1st, by smelling; 2d, by solution; and 3d, by placing it dry on the tongue.

Medicine is administered by smelling, when it is requisite to act on the system in general—as for instance, in diseases presenting many symptoms called nervous.

Medicine in a state of solution, that is to say, dissolved in a small quantity of water, and taken by spoonfuls at suitable intervals, is preferable in acute diseases.

We administer medicines in a dry state, when we have a chronic disease to contend with.

We have said that the medicines which the Homœopathist uses being prepared by trituration and shaking, an unlimited series of dilutions is thus obtained from the millionth to the decillionth part of a grain. Diseases can be cured by selecting a remedy from one or other of these attenuations, which manifest a great difference, inasmuch as in the lowest dilutions there are a greater quantity of material particles than in the high, in which the essential principle is more developed.

In an acute disease, in which it is necessary that the medicine should not be limited solely to assist the organic action, but also to change speedily the effect of the morbid cause, the low dilutions are to be preferred—they succeeding perfectly from the 3d to the 15th.

But in chronic diseases, in which the deeply-rooted evil requires the strenuous and repeated efforts of the organism, the high dilutions promise greater success, the decillionth in this case is preferable to every other.

OF ANTIDOTES.

When two substances, the material parts of which are possessed of the same affinity, are administered at an interval more or less distant, both, by virtue of their common properties, arrive at the same points, in which by establishing an opposition they neutralize each other, and are mutually drawn into the stream of the circulation, whence they are expelled by the organic movements which strengthen the vital principle.

ADDRESS DELIVERED AT THE COMMENCEMENT OF
THE HOMŒOPATHIC MEDICAL COLLEGE OF
PENNSYLVANIA.

BY JACOB BEAKLEY, M.D., PROFESSOR OF SURGERY.

GENTLEMEN GRADUATES,—Through the partiality of my respected colleagues, I have been selected to say a word to you at parting. What shall I say in language befitting an occasion so momentous to you as the present? The legal period of your pupilage has ended, and you have presented yourselves before the constituted authorities to test your efficiency and fitness for the honors and privileges peculiar to a noble and time-honored profession.

I am happy, thus publicly, to proclaim that you have passed that ordeal triumphantly, and have given evidence of a high order of natural endowment and scientific acquirements, which reflects credit not upon yourselves only, but also upon the institution to which you have intrusted your pupilage. We cordially extend to you, therefore, the right hand of fellowship, and hail you as brothers in the common cause of scientific and philanthropic endeavor.

And now begins a new and momentous era in your lives. Before you stretch new fields of honor and usefulness—almost measureless, even to your clear and confident eyes. With elevated brows, and hearts palpitating more with eagerness than apprehension, you are about to enter upon a busy scene of action, to test your powers and energies in the drama of life, each with his little world of friends and critics for audience.

There is something sad, as well as beautiful, in the far-reaching aspirations and exultant ambition of youth at a period like this. Like impatient steeds, you pant to enter upon the course before you; your souls leap through your straining eyes to the distant goal. Or, like zealous pilgrims, just setting forth on a morning of promise, you see only the pleasant valleys of rest, the rivers of beauty, and the heights of grand attainment,—not the long, weary, dusty ways, the “slough of despond,” the rough, toilsome ascents, the pitfalls, the precipices, wastes, and wildernesses. Or,

you are like young warriors laying out your first battle. In your brave imagination, you plunge into the thick of the fight, and all sways and gives way before you. Wherever the conflict is fiercest, *your* banner rides high above the storm; wherever the tumult is loudest, *your* trumpets are sounding to the charge;—never a standard of yours wavers and goes down—never do your drums sound an ignominious retreat; the day sweeps on from victory to victory, and is rounded by a great triumph at last.

Better would it be, could you calmly measure the long course stretching before you, and admit, without shrinking, the possibility of being distanced in the race, only resolving to “run well.” If you could set forth deliberately on your life-pilgrimage, beholding prophetically all the toil, the weariness, the obstacles, and discouragements of the way,—yet bearing a heart nerved by a noble endeavor, and upborne by a soul of faith, which already bows before the distant shrine. If, looking into the battle of life, you would count more upon its varied chances, expect some defeats and discomfitures, yet, all undismayed, determine to bear yourselves manfully in the strife, and to *deserve* the victory.

But, the heart of youth must have its dreams; they are as natural to it as its pulsations; but let them not lie and slumber in the heart,—let them rather mount into the *brain*, and there harden into resolve, and quicken into action;—let them be like that olden dream of wisdom and power born in the brooding brain of Jove,—a positive, uncontrollable force, leaping full-armed upon the world.

As members of the Homœopathic School of Medicine, as apostles of a philosophy of healing, to the popular apprehension new, though not so in fact, peculiar experiences are before you, peculiar obligations rest upon you.

You will have to encounter bitter and ceaseless opposition from the members of the Allopathic School of Medicine; and too often it will come under the unmanly form of envious insinuations, low sarcasms, and senseless ridicule. No exertions will be spared, no stratagem that man’s depraved heart can invent, will be left untried. Private character will be assailed, and individual rights forgotten; misdeeds, long since lost in the reign of forgetfulness, the faults perhaps of inconsiderate youth, will be harrowed up, and held forth to the unmerciful gaze of the world, thus implanting thorns in the placid breast, poisoning the cup of friendship, and em-

bittering the sweetest realizations. I am sure, gentlemen, I need not say to you, do not stoop to defend yourselves with missiles like those with which you are attacked. Truth has nobler weapons in her armory,—argument, analogies, demonstrations, and facts; above all, *facts*. In advocating our noble science, you should bear yourselves earnestly, calmly, and proudly; making your own quiet consciousness of ability and integrity inspire an answering conviction in the minds of all with whom you come in contact.

You will now pardon me, gentlemen, if I venture to dwell emphatically and somewhat at length, upon what you may consider the minor, if not merely personal duties devolving upon you, at the outset of your career. You have just added to your names the well-earned professional title; but *students*, you can never cease to be, with honor to yourselves and justice to the world. “Art is long,” and our school of the medical art, though so clear and comprehensive in its philosophy, and so beautifully simple in its analogies and correspondences, has its own secrets and subtleties, its own profound and baffling mysteries. Science is ever an exacting and enthralling mistress, and when, as in Medicine, she works in close companionship with nature, and becomes as it were the very genius of life, the worship of her votaries grows daily more reverent and absorbing.

“Age cannot wither her, nor custom stale
Her infinite variety.”

I surely am not the one to dampen the ardor of that devotion. I would say study, from the first, study always, books, nature, and man. Books and the scenes of the world are alike the objects of thought, without which there is no hope of superiority, and by which we are elevated to the rank which God has assigned us. But I would add this earnest injunction,—*in the researches of the student, do not forget the culture of the gentleman.*

Of more and more importance in our profession are becoming the amenities and elegancies of good breeding and polite society, and all the gentle and generous qualities of a refined humanity. The day of Abernethy and his miserable imitators is past; the rough and gruff, surly and dictatorial school must now give way to better-natured and better-mannered men. The physician may no longer sternly arraign, or sharply interrogate his patient, as

though disease were a crime, and he the judge, or inquisitor; no longer go through with his professional examinations with needless harshness, and brutal indifference, as though the suffering form before him were already a "subject," and the bed on which it writhed a dissecting-table.

There is another class of medical practitioners, rapidly and happily for the world becoming obsolete. This may be called the solemn and lugubrious school, the members of which are wont to enter the sick-room with the agreeable air of undertakers, and darken the patient's little sunshine of hopeful comfort with the very gloom of the grave. Their dress itself is suggestive of mortality, their frown portentous, their touch upon the pulse a prophetic death-chill.

But as this school is now among "the things that were," why should we revive its melancholy memory upon a pleasant occasion like this?

It is for you, gentlemen, to cultivate a hope-inspiring manner, tones of quiet, manly cheerfulness; to wear faces of modest confidence, rather than of mysterious importance; to bring sunshine *to*, rather than banish it *from* the sick-room. Let there be courage and comfort in your simple presence; let your patients look forward to your professional visits, as to the pleasant call of a sympathetic friend; like the good doctor of Irving, let there be "healing in the very squeak of your boots as you mount the stairs."

I have spoken of the obstacles and the obloquy you will have to encounter, but I were unjust to the world of to-day, should I only present before you the shadowed side of your future career. Every day sees us and our philosophy more fully and gratefully accepted. Many of the noblest minds and most progressive spirits of the age are with us. Hosts of the good and the pure extend to us a ready and hearty fellowship. Woman, the great pioneer to every good and philanthropic endeavor, is everywhere first to give faith and sympathy. With her quicker intuitions, she seldom fails to perceive the beautiful harmony, and the simple, yet subtle philosophy of our system. She sees that it is peculiarly adapted to her delicate organization, and to the exquisite physical susceptibilities of childhood; her taste is attracted by it, her humanity rejoices in it; she receives it almost reverently as a new Gospel of Medicine.

In her earnest advocacy of the great truth of our system, she has shown herself ready to do and dare beyond the best and bravest of us. In seasons of pestilence, and scenes of appalling suffering, the heroism of her nature, sublime in its simple unconsciousness, has been nobly manifest on this new and boundless field of benevolent effort.

Yes, upon the field where you, gentlemen, fully commissioned and panoplied, are about to strive for success and distinction, she has been content to appear as a nameless volunteer, has there dared to contend with the great enemy Death, and his fierce myrmidons of disease, has there won some untrumpeted victories, and earned laurels she was too meek to wear.

Surely, with woman's angel smile to light your onward course, the clouds of man's misapprehension and misrepresentation, and all the small hail of sarcasm and contempt, can have little to appal you: with her fair hand beckoning from before, you will lightly overleap the rough obstacles, and scornfully break through the thorny obstructions of the way.

And now, lest any of us should at any time be tempted to look upon ourselves in the interesting light of martyrs to our peculiar theory of medical science, let us briefly review the life of our noble master in medicine, Hahnemann—he who was indeed inspired with the true martyr-spirit—he whose great soul so long struggled and heaved to lift to the light a principle which he but dimly perceived hidden in the depths of nature, as one may catch momentary glimpses of sea-buried treasures—he who, like the patriarch, wrestled with an unknown and invisible power, till the long-withheld blessing was granted, not to him or his time alone, but to the world, for ever.

Samuel Hahnemann (according to his biographer), was born in the year 1755, in Meissen, Saxony. Having received a careful and thorough preliminary education at the University at Leipsic, he chose the medical profession for his future career of usefulness, and was admitted to its honors in 1779, on which occasion he defended a dissertation, *Conspectus affectum spasmodicorum*. After having practised for a few years, he relinquished its active duties, and devoted the larger portion of his time to the study of chemistry, translating and writing on medical subjects.

While engaged in translating Cullen's *Materia Medica*, he was

first awakened to the principle involved in the system he subsequently developed. In this translation he became dissatisfied with the antipyretic principle of Peruvian Bark, given by that celebrated physician, and he determined, by experiment, to discover on what the power of the bark in intermittent fevers depended. He took it in considerable quantities while in perfect health, and found it produced symptoms similar to those for which Dr. Cullen prescribed it,—intermittent marsh fever.

The result of this experiment induced him to resume his practice, and he entered the hospital at Georgenthal, at Brunswick, where, by repeated experiments upon himself and family, by simple medicines, he acquired the action of many remedies, which enabled him to cure diseases homœopathically that had baffled his efforts in other systems. His success was soon trumpeted forth, and reached the ears of physicians and apothecaries, who began to persecute and deride him, and finally succeeded in effecting his removal,—the law prohibiting physicians to furnish themselves the medicine they prescribed, while, according to his principle of administering it, he could not do otherwise.

Expelled from the hospital, he sought refuge in various parts of Germany, continuing his experiments on himself and friends for several years, and in 1810, at Dresden, he wrote his *Organon der Rationellen Heilkunde*. This publication called forth a dispute, which continued for twelve years, on the merits of his system. Again, at Leipsic, he defended a Thesis de Helleborisme Veterum, in 1812, that he might be granted the privilege of a doctor of medicine, and there taught and practised for upwards of eleven years, with great success. The excitement at length became again so great, that he was forced to leave his place of residence, in consequence of the above law, and Duke Ferdinand of Anhalt Cothen offered him an asylum, which he accepted for a time; but finally, grown weary of unkindness and persecution, he bade adieu to his home and the scenes of his early associations and his struggles, and found in Paris a more congenial spot, where the powers of his great intellect would be unshackled by arbitrary and oppressive laws, and be allowed to work out undisturbed, the great problem with which God had commissioned him. That great problem he lived to solve, and he has rested from his labors. Thus lived and died a brave and simple-minded man, earnestly meditating on one

of the greatest subjects that can occupy the human race. With what a noble confidence did he rely on the future, and how gloriously that future is filling the measure of his prophecy!

We look into his life and works with calm earnestness, and read there another curious page of human history. The majestic struggle with the mysteries of disease, demands our greatest admiration, and the man our ardent sympathies. Ages hence, his fame will stand out from the dim past, like a tall beacon whose shadow is thrown athwart the sea, and whose light will serve to warn the wanderers from the shoals and rocks on which thousands of our fellow-men have been lost.

It is one of the great peculiarities in the history of humanity that methods are so seldom changed. Each man patterns after his father, and hopes to succeed where he has failed. He never suspects or questions the method he is pursuing—that he takes for granted; and this, in a large proportion of instances, is the very cause of his ill success. “That which has been tried must be right,” is a maxim usually adopted, and which gives the true solution of the cause of the tardiness of invention, and the repugnance to novel methods.

When Bobo, according to that fascinating and acute philosopher, Elia, discovered the virtues of a roast pig by the accidental burning of his house, the only method by which he could again enjoy the luxury was by again burning down his house. He says, “It was observed that Hoti’s cottage was burnt down now more frequently than ever. The secret got abroad, and every one was anxious to have his roast pig. Now there was nothing but fires to be seen in every direction. Fuel and pigs grew enormously dear all over the district. The insurance offices one and all shut up shop. People built slighter and slighter every day, until it was feared that the very science of architecture would in no long time be lost to the world. Thus the custom of firing houses continued (says the manuscript) till, in process of time, a sage, like our Locke, rose, who made a discovery that the flesh of swine, or indeed of any other animal, might be cooked (burnt, as they called it) without the necessity of consuming a whole house to dress it.

“Then first began the rude form of a gridiron. Roasting by the spit came in a century or two later,—I forget in whose

v. By such slow degrees (concludes the manuscript) do

the most useful, and, seemingly also, most obvious arts, make their way among mankind."

This pleasant satire points to a great truth. Writers and philosophers, in the art of healing, might have gone on for ages yet to come, building castles in the air—"miracles of rare delight," and then burning their own structures, had not that great German philosopher and philanthropist arose to point out a simpler, more rational, and less destructive method.

Hahnemann denounced all former methods, and developed and moulded into form and enduring symmetry that great law, "*Similia Similibus Curantur*," which has now become the parent of a philosophy which has for its advocates some of the noblest and purest intellects of the age.

There may be present with us to-day members of the old school of medicine, grown gray in the service. If so, I would courteously and cordially bid them welcome; I would not counsel them if I had the right to do so; I would not even tell them that they would serve their time and generation better by abandoning their long-cherished opinions and prejudices, and adopting ours: of this they must judge for themselves. But this I will say: if they would encourage a laudable spirit of inquiry, and an honest expression of opinions and principles, and occupy the platform of educated and enlightened men, they must resort to other means than those generally adopted by them.

"Truth crushed to earth will rise again—
The eternal years of God are hers;
But error wounded, writhes in pain,
And dies amid her worshippers."

We wish we could oftener meet together. I believe that mutual prejudices, jealousies, and animosities would thus be modified and allayed. If they will hear us calmly, they must sooner or later admit our honesty, ay, and our *sanity*. We ask no favor,—all we demand is, "a fair field and an open sky." We usually stand on the defensive. Fiercely to attack the old system would be in many of us peculiarly ungracious, for it once encompassed all *our* philosophy and experience—was all to *us*, that it now is to *them*. No, we honor it for what it was—the preparatory school for a higher and more profound system of medical science. But, on the

other-hand, having come out of it, having found the better way, we can speak advisedly when discussing its theories and practice. Revile our old masters ! Why, we might as well rail at our good old mothers, who taught us the good old ways, because they do not keep up with the reforms and progress of the age.

In good faith, we claim the right to revere, with the most reverential of their disciples and compeers, men whose talents and attainments have thrown a never-dying lustre around the medical profession, and whose benevolence and skill have blessed mankind, such as a Sydenham, a Cooper, a Laennec, a Civiale, a Dieffenbach, in the old world ; a Hosack, a Physick, a Mott, a Warren, an Eberle, and a Francis, in the new, are some of

“The few, the immortal names,
That were not born to die.”

I have counselled self-culture ; and finally, gentlemen, I charge you, in memory of the immortal dead—his struggles, his toils, and his sorrows—for the honor of your Alma Mater, for the good of humanity, for your own immortal welfare, that you maintain in all its purity and truth that great law, *Similia Similibus Curantur*, which he so nobly developed and defended during a period of more than half a century, and finally, in dying, bequeathed, untarnished, a sacred legacy to suffering humanity. See to it that you “walk worthy the vocation whereunto you are called.” Let no unhallowed thirst for gain seduce you from the paths of honor, and deter you from an open and manly expression of your principles. See to it, see to it, gentlemen, that you do not lose those principles in the pursuit of pleasure and the worship of Moloch, till Truth, that uncompromising prophet, reveals to you the “hand-writing on the wall”—the *Mene, mene, tekel, upharsin* of your own fortunes.

“And now, farewell ! A word that must be, and hath been ;
A sound that makes us linger. Yet,—farewell !”

You are going forth, each to his separate sphere of labors and responsibilities, hopes and discouragements, struggles and triumphs, sorrows and joys, wearying cares and consoling affections. May you ever strive to be useful in your “day and generation”—

thus can you never be wholly unsuccessful. May you be happy in *deserving* the richest gifts of Fortune, and the noblest rewards of Honor. May your lives bless the world, and your names live long in its grateful remembrance, as among those who have best loved and served God, by loving and serving their fellow-men.

EDITORIAL.

OUR editorial duties for the second year of the Journal have drawn to a close. We have labored to discharge the duties devolving upon such an important post to the best of our ability. The task of conducting a medical journal is a responsible one, and we have not been insensible of its magnitude, but have labored zealously to maintain the position which we took in the commencement of this enterprise—to carry on the periodical to the best of our ability. We faintly hope we have given satisfaction to a large class of Homœopathic practitioners, as they have willingly given us their support, not only by subscribing and paying for the volume, but also by favoring us from time to time with many articles for publication. For this we are thankful, and shall hold the friendly acts of such in faithful remembrance, hoping for a continuance of such favors,—as it is impossible to conduct successfully a periodical without this much-needed collateral aid.

If we may be permitted to judge, we would say there are many articles contained in the present volume which will bear perusal over and over again; and after the lapse of years may be referred to with interest and profit.

In closing the year we have much to encourage us: we have watched the rapid and steady advance of the principles and practice of Homœopathy; the triumph of truth and the downfall of error; the introduction of a true and rational system of medication, as a substitute for a doubtful and irrational one. We hope still to receive the support of our professional friends in aid of our enterprise, promising to use our best efforts to make the Journal, for the coming year, a vehicle for useful information and interesting news.

TO SUBSCRIBERS.

The present publisher takes pleasure in announcing to the patrons of the Journal that he has effected an arrangement with Messrs. Rademacher & Sheek, to publish the Journal in future; a combination of editor and publisher proving too irksome to insure its prompt appearance. The editorial department for the coming year will be under the direction of the present editor, aided by A. E. Small, M.D., whose ability as a writer is too well known to the profession to need any encomium from our pen. We bespeak for the Journal a successful career, and look to the Homœopathic profession for support.

Subscribers who are in arrears will please remit the amount to the editor without delay. Payments for the third volume will be made to Messrs. Rademacher & Sheek. Missing numbers will be forwarded free of charge, by notifying the editor. If any of our subscribers have failed to receive one or more numbers of either the first or second volumes, they will be forwarded without delay and without charge. In many instances numbers of the Journal have not reached subscribers, when they have been mailed regularly; therefore, we insert the present notice at this time, as we are now able to make up any deficiencies which may exist from a failure of the mails.

MEDICAL NEWS.HOMŒOPATHIC MEDICAL COLLEGE OF
PENNSYLVANIA.

THE Sixth Annual Commencement of this Institution for conferring degrees, was held in the Musical Fund Hall, on Monday, March 1st. The spacious hall was densely filled with a fashionable and intelligent assemblage of ladies and gentlemen, who evinced the warmest interest in the proceedings of the occasion. We give place to the list of matriculants and graduates of the Session of 1853-4.

MATRICULANTS OF THE COLLEGE.

SESSION OF 1853-54.

NAME.	RESIDENCE.
Aragon, José Maria, M.D.,	Cuba.
Barr, Benjamin,	Pennsylvania.
Bender, J. J.,	Maryland.
Billisoly, Augustus,	Virginia.
Bishop, D. Fowler,	New York.
Bowers, Josiah, Jr.,	New York.
Brickley, O. C.,	Pennsylvania.
Brown, Joseph R., M.D.,	Texas.
Brown, Christopher,	Ohio.
Bryant, James,	New York.
Bunting, T. Crowell,	Pennsylvania.
Burgher, J. C.,	Pennsylvania.
Burpee, J. H.,	Michigan.
Carpenter, Horace H.,	Vermont.
Clarke, John L.,	Rhode Island.
Cleckley, Marsden A.,	Alabama.
Cleckley, H. M., M.D.,	Georgia.
Colladay, Charles M.,	Pennsylvania.
Compton, C. B.,	New Jersey.
Conway, Thomas,	Pennsylvania.
Cooke, N. F.,	Rhode Island.
Cooley, G. P.,	Connecticut.
Crocker, I. S., M.D.,	Rhode Island.
Coxe, Daniel,	Pennsylvania.
Cresson, Charles C.,	Pennsylvania.
Cresson, Emlen,	Pennsylvania.
Crownse, Alexander, M.D.,	New York.
Dare, Charles V.,	New Jersey.
Driggs, H. C., M.D.,	Michigan.
Dunham, W. N., M.D.,	Connecticut.
Earhart, Jacob R.,	Ohio.
Fawkes, John,	Pennsylvania.
Fox, John,	New York.
Freeman, Warren,	Georgia.
Gallagher, John H.,	Pennsylvania.
Garvin, James P.,	Pennsylvania.
Gaylord, Edward P.,	New York.

NAME.	RESIDENCE.
Geib, William,	Pennsylvania.
Geary, John F.,	Pennsylvania.
Geiger, Theodore S.,	Maryland.
Gourlay, George, M.D.,	Pennsylvania.
Haines, A. C., M.D.,	New Jersey.
Harvey, Joseph F.,	Pennsylvania.
Hindman, David R.,	Pennsylvania.
Hutchins, H. P.,	Maine.
Hyde, John,	New Jersey.
Johnston, Edward R., M.D.,	Pennsylvania.
Jones, Elijah U.,	New Hampshire.
Knapp, T. P.,	New York.
Lentz, Henry S.,	Pennsylvania.
Levanway, William A.	New York.
Loucks, John, Jr., M.D.,	New York.
Lungren, H. G.,	Pennsylvania.
Meguire, Samuel K.,	Pennsylvania.
Miles, E. D., M.D.,	Ohio.
Morse, George S.,	New York.
Murphy, William,	Pennsylvania.
McAfee, Edwin M.,	Illinois.
McClatchey, Robert J.,	Pennsylvania.
M'Farland, L.,	Massachusetts.
Nolen, Henry S.,	Pennsylvania.
O'Halloran, T. G.,	Cuba.
Peirce, Levi,	Massachusetts.
Pettit, Thomas, Jr.,	New York.
Pinkney, David,	Nova Scotia.
Poe, Robert W.,	Alabama.
Pratt, Marcus L.,	New York.
Reed, John N.,	Massachusetts.
Rutter, John C.,	Pennsylvania.
Sanders, A. B.,	Massachusetts.
Saunders, Charles F.,	Rhode Island.
Saylor, O. L., M.D.,	Pennsylvania.
Scott, C. W.,	Vermont.
Sisson, Edward R., M.D.,	Massachusetts.
Slocum, Mortimer,	New York.
Smithe, William S.,	New York.
Springsteed, David,	New York.
Thayer, H. Reedel,	Pennsylvania.

NAMES.	RESIDENCES.
Wackerbarth, F.,	New York.
Walter, Joseph S.,	Pennsylvania.
Warren, S. C.,	New York.
Washburn, George R.,	New York.
Watson, W. H.,	Rhode Island.
Weed, Theodore J.,	Pennsylvania.
White, Joseph B.	Pennsylvania.
Williamson, Walter M.,	Pennsylvania.
Wilmot, E. F., M.D.,	New York.
Wisner, G. F.,	New York.
Witherell, Oscar,	New York.
Wolfe, George,	Pennsylvania.
Wood, J. B.,	Pennsylvania.
Total,	91.

GRADUATES OF 1854.

Name.	Residence.	Subject of Thesis.
José Maria Aragon,	Cuba,	Homœopathy and Allopathy.
D. Fowler Bishop,	New York,	Phthisis Pulmonalis.
Josiah Bowers, Jr.,	New York,	{ Nature, Character, and Treatment of Croup.
James Bryant,	New York,	Vaccination.
J. C. Burgher,	Pennsylvania,	{ Duties and Qualifications of the Physician.
J. H. Burpee,	Michigan,	Physical Education.
Horace H. Carpenter,	Vermont,	Peritonitis.
John L. Clarke,	Rhode Island,	Meningo Cephalitis.
C. B. Compton,	New Jersey,	Dysmenorrhœa.
N. Francis Cook,	Rhode Island,	Physical Diagnosis.
Charles V. Dare,	New Jersey,	Diseases of the Chest.
H. C. Driggs,	Michigan,	_____
W. N. Dunham,	Connecticut,	_____
John Fox,	New York,	{ The Psycho-Physiological Basis of Homœopathy.
Warren Freeman,	Georgia,	Rheumatism.
Edward P. Gaylord,	New York,	Medical Science.
William Geib,	Pennsylvania,	Defence of Hahnemann.
Theodore S. Geiger,	Maryland,	Dyspepsia.
George Gourlay,	Pennsylvania,	_____
Elijah U. Jones,	New Hampshire,	Disease.
Theodore P. Knapp,	New York,	Mentis et Cerebrum.
Henry S. Lentz,	Pennsylvania,	Imponderable Agents.

Name.	Residence.	Subject of Thesis.
William A. Levanway,	New York,	{ The Philosophical Basis of Homœopathy.
John Loucks, Jr.,	New York,	
George S. Morse,	New York,	Dysentery.
William Murphy,	Pennsylvania,	The Practice of Medicine.
L. McFarland,	Massachusetts,	{ The Moral Obligations of Homœopaths to Sustain our Homœopathic Institutions.
Levi Pierce,	Massachusetts,	
Robert W. Poe,	Alabama,	{ Moral and Physical Effects of Tonics.
Marcus L. Pratt,	New York,	The Physician.
A. B. Sanders,	Massachusetts,	Semeiology.
C. W. Scott,	Vermont,	De Superstitionibus Medicis.
Edward R. Sisson,	Massachusetts,	_____
David Springstead,	New York,	_____
William H. Watson,	Rhode Island,	Colo Rectitis.
Theodore J. Weed,	Pennsylvania,	Medical Ethics.
Joseph B. White,	Pennsylvania,	Epilepsy.
E. F. Wilmot,	New York,	Nicotiana Tabacum.
J. B. Wood,	Pennsylvania,	Typhoid Fever.
Total,	. . . . .	39.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE annual meeting of this Society was held, as required by its Constitution, on Tuesday last, in this city.

The meeting was called to order at half past 10 o'clock, by the President, Dr. A. Y. Ball, of New York.

About twenty-five members were present.

The minutes of the semi-annual meeting (in Utica) were read and approved.

The following physicians were elected members of the Society, viz.:— Drs. E. G. Bartlett, of New York; W. L. R. Perrine, Hudson; D. J. Easton, Saratoga Springs; ——— Stebbens, Salisbury; D. T. Barr, Ludlowville; Benj. F. Throop, Palmyra; Z. Clements, Victory Mills; L. McCarthy, Throopville; and J. Hedenberg, Troy.

A debate arose as to the right or expediency of going behind the testimonials of candidates for membership, but which did not result in any action.

On motion, the next order of business, Reports of Committees, was sus-

pended, for the purpose of receiving the reports of cases treated by a single remedy, of which every member is desired to present at least one at each meeting. A number of interesting cases of this description were read, which, with the discussions thereon, occupied the remaining time of the morning session.

On motion of Dr. H. M. Paine, a committee was appointed to suggest subjects for consideration at the next meeting.

AFTERNOON—3 o'clock.

The attendance, on re-assembling, was somewhat increased by the arrival of members.

The regular order of business was resumed.

Dr. C. G. Bryant, from the committee on honorary membership, reported in favor of appointing such members of other State Homœopathic Societies as may attend the meetings of this Society as delegates, permanent honorary members. It was also recommended that a class of corresponding members be elected from such members of the Society as have, or may hereafter remove from the State, and that Homœopathic Pharmacutists be admitted to seats in the meetings.

The report was accepted and the resolutions, after some conversation, were adopted.

Dr. H. M. Paine, from the Bureau for the enlargement and improvement of the *Materia Medica*, presented a partial report, consisting mainly of the results of extensive proving of several new drugs. The committee requested further time to continue and complete their report, which was granted.

The Committee on the proper mode of conducting the proving of drugs upon the healthy, was called, but made no report.

Dr. Kirby, on behalf of a portion of the Committee on the proposition to establish a Medical College in this state, presented an elaborate report reviewing the various suggestions heretofore made, and concluding with the proposition that it was inexpedient to proceed further in the matter at present.

The reading of the report elicited some discussion, but in view of the absence of several members of the committee, it was decided to postpone the further consideration of the subject till the next meeting.

The report of the Treasurer was read and referred to an auditing committee.

An assessment was voted of one dollar upon each member for the expenses of the current year.

Dr. H. M. Paine reported a series of suitable topics for consideration

at the next meeting, which were referred to special committees to report thereon.

Dr. Kirby moved that members of the Society be requested to make provings upon themselves and others of the *Hamamelis virginica*, and to send the results to the Bureau of Materia Medica before the first of December next. Carried.

On motion, the President and Secretary were directed to prepare a blank form for the nomination of candidates for membership.

A resolution was unanimously adopted, strongly approbatory of the objects of the bill for the promotion of medical science, now before the legislature, and recommending its passage as a measure highly important to the advancement of medical knowledge.

The following officers were elected for the ensuing year:—

President—Dr. A. CHILDS, of Waterloo.

1st Vice-President—H. ADAMS, of Cohoes.

2d “ J. BOWERS, of New York.

3d “ E. F. RICHARDSON, of Syracuse.

Secretary—H. D. PAINE, of Albany.

The semi-annual meeting was appointed to be held in the city of New York on the second Wednesday of September.

After a unanimous vote of thanks to the retiring officers, and a brief and appropriate reply from the President, the Society adjourned to meet at the Capitol at half past 7 o'clock, to hear the Annual Address.

EVENING SESSION.

At the hour designated the Society met in the Assembly Chamber, where the retiring President, Dr. A. S. Ball, proceeded to deliver his Address. The weather was very inclement, and the Legislature having taken a recess for several days to attend the canal election, the attendance of the public was small, which is a matter of regret, as the Address was a candid and forcible review of the leading points of difference between the old and new schools of medicine delivered in an eloquent and highly pleasing manner.

It would give us pleasure to give a more full report of the production, but our space is already exceeded, and there is less necessity, as it will soon be printed, and no doubt extensively circulated.

The usual vote of thanks for the Address and the request of a copy for publication was passed, and the Society adjourned after a small but very pleasant meeting.

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